



Buckinghamshire County Council
Select Committee
Children's Select Committee

Date: Tuesday 12 March 2019

Time: 10.00 am

Venue: County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 DECLARATIONS OF INTEREST To declare any Personal or Dislosable Pecuniary Interests.		
2 APOLOGIES FOR ABSENCE/ CHANGES TO MEMBERSHIP		
3 MINUTES To agree the minutes of the meeting held on 15 th January 2019.		7 - 14
4 PUBLIC QUESTIONS		



Public Questions is an opportunity for people who live, work or study in the county to put a question to a Scrutiny Committee about any issue that has an impact on their local community or the county as a whole.

Members of the public, who have given prior notice, will be invited to put their question in person.

The Cabinet Member and responsible officers will then be invited to respond.

Further information and details on how to register can be found through the following link and by then clicking on 'Public Questions'.

<http://democracy.buckscc.gov.uk/mgCommitteeDetails.aspx?ID=788>

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| 5 | CHAIRMAN'S REPORT
For the chairman of the Committee to provide an update to the Committee on recent scrutiny related activity. | 10:10 | |
| 6 | COMMITTEE MEMBER UPDATES
For members of the Committee to update the Committee on any issue they are investigating on behalf of the Committee. | | |
| 7 | CABINET MEMBERS' QUESTION TIME
For the Committee to ask Cabinet Members questions on current key issues for their portfolios.

I. Mr M Appleyard, Cabinet Member for Education and Skills

II. Mr W Whyte, Cabinet Member for Children's Services | 10:15 | 15 - 16 |
| | <p>This agenda item will also include an update on the performance of the Educational Psychology Service.</p> | | |
| 8 | EARLY HELP CONSULTATION REPORT
For the Committee to receive an update and ask further questions about the early help consultation which went to Cabinet on 04/03/2019.

Contributors:
Ms Sara Turnbull - Early Help Transformation Programme Manager
Miss Sarah Callaghan – Service Director Education
Mr Gareth Williams – Deputy Cabinet Member for | 10:25 | 17 - 184 |

Children's Services

- 9 CURRENT AUTISTIC SPECTRUM DISORDER (ASD) SERVICE PROVISION** **10:50**
- Education and Health professionals will update Committee Members of the current service provision available for children and young people who are diagnosed with ASD.
- Presentation slides to follow.
- Contributors:**
Ms Sarah Tilston – Designated Clinical Officer for SEND
Mrs Sarah Callaghan – Service Director Education
Mr Tolis Vouyioukas – Executive Director Children's Services
- 10 WORKING TOGETHER TO REDUCE THE NUMBER OF PERMANENT EXCLUSIONS FROM SCHOOL - 6 MONTH RECOMMENDATION MONITORING** **11:30** **185 - 190**
- To review and make an assessment of progress against the agreed recommendations of the inquiry 6 months on.
- Members to agree to delegate the assigning of the RAG status to the Chairman following the meeting.
- Contributors:**
Mrs Vivian Trundell – Education Entitlement Manager
Miss Sarah Callaghan – Service Director Education
Mr Tolis Vouyioukas – Executive Director Children's Services
Mr Mike Appleyard – Cabinet Member for Education & Skills
- 11 PLACEMENTS INQUIRY SCOPE** **11:50** **191 - 192**
- For the Committee to discuss and agree the draft scoping document for the inquiry into placements
- 12 COMMITTEE WORK PROGRAMME**
- For Committee Members to note forthcoming agenda items:
- Education Standards – to include National Funding Formula and Side-by-Side project update
- Placements Inquiry – to understand this high-spend and complex area
- 13 DATE OF NEXT MEETING**
- To note the next meeting of the Children's Select Committee on 11th June 2019 in Mezzanine 1 - County Hall, Aylesbury

Purpose of the committee

The role of the Children's Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

The Children's Select Committee shall have the power to scrutinise all issues in relation to the remit of the Children's Services Business Unit. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Nurseries and early years education
- Schools and further education
- Quality standards and performance in education
- Special Educational Needs (SEN)
- Learning and skills
- Adult learning
- Children and family services
- Early intervention
- Child protection, safeguarding and prevention
- Children in care (looked after children)
- Children's psychology
- Children's partnerships
- Youth provision
- The Youth Offending Service

** In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of Education matters.*

Webcasting notice

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For further information please contact: Katie-Louise Collier on 01296 387006, email: klcollier@buckscc.gov.uk

Members

Mrs P Birchley
Mr A Collingwood
Mrs I Darby
Mr D Dhillon (C)
Mr M Hussain
Mr S Lambert

Mrs W Mallen
Mr B Roberts
Mrs L Sullivan
Ms J Ward (VC)
Ms K Wood

Co-opted Members

Ms C Pease
Mr M Skoyles





Buckinghamshire County Council
Select Committee
Children's Social Care and Learning

Minutes

CHILDREN'S SELECT COMMITTEE

Minutes from the meeting held on Tuesday 15 January 2019, in County Hall, Aylesbury, commencing at 10.30 am and concluding at 12.37 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>. The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Mrs P Birchley, Mr A Collingwood, Mrs I Darby, Mr D Dhillon (Chairman), Mr S Lambert, Mrs W Mallen, Mr B Roberts, Mrs L Sullivan, Ms J Ward (Vice-Chairman) and Ms K Wood

CO-OPTED MEMBERS PRESENT

GUESTS PRESENT

OFFICERS PRESENT

Miss S Callaghan, Ms K Collier, Ms J Davies, Mr R Nash, Ms J Stephenson and Mr T Vouyioukas

1 APOLOGIES FOR ABSENCE

Apologies were received from Mr Babb and Mrs Mallen. There had been a change of membership as Mr Babb had stepped down from the committee. The Chairman thanked Mr Babb for his contribution to the work of the committee.

2 DECLARATIONS OF INTEREST



Mr Lambert declared a non-pecuniary interest as he was part of the early help review and Home to School transport working groups.

Ms Ward declared a non-pecuniary interest as she was part of the early help review working group.

3 MINUTES

The minutes of the meeting held on 27th November 2018 were agreed as a correct record subject to the following amendments:

- p4 – Mrs Wood should read Ms Wood
- p4 – Principle should read Principal

4 PUBLIC QUESTIONS

None were received.

5 CHAIRMAN'S REPORT

The Chairman welcomed everyone to the meeting and advised that the Children's Select Committee would start at 10am in future.

Members were asked to attend upcoming meetings with front-line staff within the social care teams.

The Chairman welcomed applications for committee members who could provide representation for maintained School Parent Governors and Roman Catholic Schools. Members of the public who would like to provide representation were able to express an interest by emailing democracy@buckscc.gov.uk.

The Chairman said that he had been reassured at a recent budget scrutiny meeting that children's welfare had been prioritised and money had been spent wisely.

6 COMMITTEE MEMBER UPDATES

There were none.

7 CABINET MEMBERS QUESTION TIME

The Education performance under item 10 was covered within this session.

Mr Appleyard, Cabinet Member for Education & Skills, informed Members that the Home to School Transport consultation had finished and the outcome would be reported to Cabinet shortly.

Miss Callaghan, Service Director, Education gave an update about Education, Health Care Plans (EHCP's) and the Educational Psychology (EP) service. Up-to-date figures reflected a cumulative increased score of 52.8%, which she felt Ofsted would agree indicated that the service had been progressing on its improvement journey. She informed Members of two new appointments – a permanent Head of SEN and an interim Principal EP. Both appointments would provide oversight of the allocation of cases and performance in the area.

In response to questions, Members were informed that:

- The service was processing 95 more assessments than this time last year. This increased figure of completions within the statutory time demonstrated an improved performance.
- There would be no further permanent appointments in the Service area until the restructure consultation with staff had been completed.
- The service area would provide a chart which had a yearly comparison and demonstrated the pattern of referrals.

ACTION – CABINET MEMBER FOR EDUCATION & SKILLS

- The transfer of locums to the associate model would reduce costs and increase performance.
- Though the level of EHCP's in Buckinghamshire had been high, when compared nationally, this had now stabilised as there had been a national increase.
- The SEN strategy and improvement plan had a core aim of providing SEN support without the reliance on children going through the 20 week EHCP process.
- Caution should be exercised with national averages and the service area would be looking into causation behind the current figures.
- There had been a regular thematic audit cycle which quality- checked the EHCP's and improved management oversight would ensure fair distribution of workload based on staff specialism and capacity. The oversight would introduce a balanced support and challenge culture.
- There had been no known issues with the quality of EP's work; instead there had been issues with the pace at which work had been completed. The service area would have to strike a balance between quality and speed of completion.

A Member advised the Cabinet Member that she had received letters from Buckinghamshire Head Teachers who had enquired about the availability of 'Healthy Pupils Capital Funding'. She asked whether Schools had been involved in decision-making about how funding would be allocated and asked what decisions had been made.

In response, it was reported that the funding had been awarded to the Local Authority and that the Cabinet Member had decided that the best use of funding, which would produce long-term larger effects, would be within School's scheduled maintenance programmes which were in line with grant criteria. This would be communicated with Schools at the Schools Forum, Primary Executive Board (PEB) and Buckinghamshire Association of Secondary Head teachers (BASH). It had been a challenge to decide how to distribute the money fairly while pleasing all Schools who had differing views on how it should be spent.

Education figures from within the Q2 performance report were then discussed:

- Updated figures for permanent exclusions, for the academic year to November 2018, were provided. The new figures were 0.01% for primary Schools, 0.05% for secondary Schools and 0% for special Schools. Members agreed that lags in national figure provision had been unhelpful and resulted in delays when tracking the recovery journey.

The Chairman thanked Miss Callaghan and Mr Appleyard, and then welcomed Mr Whyte, Cabinet Member for Children's Services, for his update.

Mr Whyte updated Members about the progress of the newest children's home, which would open in Spring, and that the project team had been working hard to identify new opportunities for children's homes within the Wycombe area. He told Members that the early help consultation had closed so they would review the current strategy and service proposal ready for a March Cabinet decision. The Cabinet Member also thanked Members for their support and contributions to the successful Christmas present appeal for looked after children. Lastly he reported that the new looked after children strategy had been agreed at the last Cabinet meeting.

When questioned about the looked after children placed over 20 miles from their home key performance indicator from the Q2 performance report, Mr Whyte informed that improving this figure would be challenging due to the shape of the county, the fact that some children had to be situated further away for safeguarding reasons or to be placed with family and friend connections. A request was made and subsequently accepted for a breakdown of these figures to be provided to the committee.

ACTION – EXECUTIVE DIRECTOR CHILDREN'S SERVICES

A Member asked whether there had been any analysis of where looked after children were coming from and where foster placements were situated. Mr Vouyioukas, Executive Director for Children's Services, asked the committee to refer to the recent Placement Sufficiency Strategy as all data would be contained within that document. Quality, stability and competence of placement would always be prioritised over geographical location.

8 BUCKINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD UPDATE

The Chairman welcomed representatives from the Bucks Safeguarding Children's Board (BSCB) who introduced themselves as:

- **Kevin Brown** - Superintendent Commander Wycombe LPA- Thames Valley Police
- **Gilly Attree** - Designated Nurse Safeguarding Children and Looked After Children, Buckinghamshire Clinical Commissioning Group
- **Fran Gosling- Thomas**, Independent Chair (BSCB)
- **Julie Davies** - Head of Quality, Standards and Performance – BCC Children's Services

During the presentation the following main points were noted:

- There had been a requirement for all local areas to have a safeguarding board which had representation from a number of key groups and individuals. Each of those partners had their own duties and requirements and the role of the Board was to ensure these

were well-coordinated, that partners had worked well together and effectively delivered the Board's aims.

- An annual report which would focus on safeguarding children and children's welfare would continue to be produced under the new arrangement. This would provide a thorough assessment of the effectiveness of local services, areas of weakness or blockages and orchestrated actions, from all partners, to remedy these.
- The Board had been meeting 6 times a year but the majority of work had been carried out within associated sub-groups and task and finish groups
- There had been a number of effective subgroups which dealing with a range of pertinent issues. The Board had been particularly proud of their work and progress with e-safety across the educational sector
- They believed the workload is now more evenly shared between key partners than it had been 4 years ago
- The largest task and finish group and workload in recent times had been the reshaping of safeguarding arrangements
- As there had been legislative changes and an inadequate Ofsted rating within Buckinghamshire, the safeguarding board had used this as an opportunity to make improvements. The new safeguarding arrangements would support the council's improvement plan and change the way that child death and serious case reviews were undertaken. BSCB would improve working between the three identified strategic partners.
- The Board would have an executive group made up of police, local authority, the clinical commissioning group (CCG) and education. Education had been chosen as a strategic partner due to the fact they had the most access to children across a broad spectrum of ages. This group would meet quarterly.
- The current Independent Chair would be stepping down and an advertisement for her replacement would run until the end of February. This would provide a fresh perspective for how the safeguarding board would operate
- Five subgroups would sit below the executive group; each with their own terms of reference. The Board would review which partners sat on each subgroup to ensure the right specialists would be represented.
- Working groups would come out of the subgroups and would involve partnership working with agencies not involved with the Board, which would be put together on an ad hoc basis
- There would be a safeguarding conference, twice a year, for all agencies working with the Board. This would provide updates, next steps and be a chance to gain feedback for improvement.
- All key issues of focus would remain the same but the Board would look at the whole family and implications, instead of focusing on just the child.
- New arrangements and priorities would be finalised in June 2019 and would be in place by September 2019.
- Improving outcomes for children was the overarching priority

In response to questions, representatives of the board made the following main points:

- In response to the rise in neglect cases the Board had implemented a graded care tool, developed by the NSPCC, which had reduced the incidences of neglect and helped to deliver a multi-agency approach to families. The neglect strategy would be reviewed for effectiveness.
- Board meeting attendance rates had not been reflective of partnership working or contributions. A lot of good work had happened away from formal Board meetings. The Board had been proactive in ensuring partner contribution and commitment.
- There had been positive multi-agency working with children's homes which had reduced incidences of children reported as missing from care. They had ensured the safety of these children through innovative measures and risk-based approaches, such as drawing up extended curfew contracts.
- There had been extensive ongoing work which ensured children were safe from all forms of exploitation, including 'County Lines'. All agencies had used preventative measures and fast response to flag issues.
- Coordinated working and joint strategies had improved. Partners contributed their part when solving issues and nothing would fall between the gaps
- The Multi-Agency Safeguarding Hub (MASH) had undergone a comprehensive review which had improved the service and ensured good partnership working. Digital solutions introduced provided partners with rapid, remote access to any shared information, necessary for them to carry out their duties.
- Private fostering arrangement numbers had remained low and were known to be underreported. A campaign had taken place to highlight the importance of making these arrangements known to the authority. There had been an increase in reported cases in the last two years.
- E-safety campaigns had been rolled-out across Schools and had been well-received by staff and children. There had been specific sessions for parents and children who were home-educated. Schools had been known to deliver e-safety sessions to parents during well-attended, unrelated events, to ensure they received the information
- A draft of the next annual report would be available in July 2019

The Chairman thanked representatives of the BSCB for attending and thanked the Independent Chair for her hard work over the four years of her term.

9 OFSTED MONITORING VISIT UPDATE

The Chairman asked Mr Whyte and Mr Vouyioukas for an update about the most recent Ofsted monitoring visit. Mr Whyte highlighted that Ofsted had recognised the shift from quantity across to quality outputs, which had negatively affected some performance data, but had been necessary to improve social work practices. The Cabinet Member also reported that Ofsted had recognised that the whole Council, including all Members, had been committed to supporting the improvement journey.

Mr Vouyioukas made the following points as an overview:

- The December visits had focussed on child protection plans

- Ofsted had agreed with the senior leadership team's (SLT) self-assessment. They believed that they had a clear focus, an accurate assessment of the challenge and a realistic improvement plan
- Management oversight had improved, which provided social workers with better direction and improved working
- Front-line staff morale had remained positive, despite pressures on the service
- There would be a clear focus for improvements going forward with several important areas identified. The service would take all measures necessary to ensure that they successfully got to where they needed to be.

In response to Member's questions, the following main points were noted:

- Social worker recruitment and capacity had been a national problem, however, the service area were confident that their recruitment and retention strategies had been successful in recruiting experienced and skilled social workers into available posts within the council.
- Vacancies and agency staff within social care had not been particularly high. The service area had managed to convert some agency staff into permanent staff within the Council.
- Consistency of social work reporting styles had been ensured using templates and conversations with managers about expected quality.
- Although the Committee had been concerned about the fact that in some cases Senior Managers had been acting down, it had been deemed to be necessary at this stage of the improvement journey, as a temporary measure. Over time and after staff consistently performed at the appropriate standard, this would not be expected to continue.
- Ofsted concerns about the lack of evidence of advocacy support reflected the fact that these services had only been recently introduced and the service were confident that benefits would be realised after a short time. Take up of public law outline advocacy had been working well.
- Concerns about strategy meeting actions and timetables had been addressed immediately, often by Senior Managers acting down to remedy the situation
- The number of children who came under each Manager had reduced since the monitoring visit and there had been some cases where the correct action had to be taken immediately which required Managers to act down. Complex cases being assigned directly to Managers was standard practice.

10 REVIEW OF PERFORMANCE REPORT - Q2 2018-19

Mr Whyte updated the committee with the fact that there had been significant improvements since the time of reporting. Adoption placements were described as a complex area where children often required placements out of county, so there had been some dependency on neighbouring counties and their activities. The new season of adoption events would commence shortly and were expected to produce good results. Marketing had targeted both residents within Buckinghamshire and neighbouring Counties.

The delays in the adoption key performance indicator had been impacted by a small number of complex cases, which had suffered delays in court proceedings and had also required intensive work to ensure that the children would thrive within these placements.

11 COMMITTEE WORK PROGRAMME

The committee's future work program will investigate:

- The early help consultation consultation
- 6 month permanent exclusion monitoring
- Current provision of services for children and young people who have ASD
- The provision of mental services for children and young people

12 DATE OF NEXT MEETING

The next meeting will be at 10am on Tuesday 12th March 2019 in Mezzanine 1, County Hall, Aylesbury.

CHAIRMAN

Delivering Educational Psychology Services - February 2019

This report aims to update Select Committee Members on issues with regard to staffing, recruitment and performance of the Educational Psychology Service (EPS).

The current context and performance of the EPS

There has been a large increase in demand for Statutory Assessments, some of which can be explained by an increase in population; however, some is as a result of current processes in the Special Educational Needs (SEN) team. The Educational Psychology Service (EPS) has organised to meet this demand by (a) employing Associate Educational Psychologists (EPs) who are paid for each Appendix D they produce, and (b) by ceasing pupil and school focused work in order to concentrate on completing outstanding assessments. 9 former Buckinghamshire County Council employed EPs have moved to the associate model.

Currently, there are 115 Education, Health and Care Plans (EHCPs) that fall outside of the 20 week statutory timeline and each month these existing overdue cases are negatively impacting upon the percentage of plans that are completed within the statutory timeline. To address this, the Principal Educational Psychologist (PEP) and Head of Service (HoS) for SEN have rigorously reviewed where the delays are occurring in order to both push outstanding plans through but also to minimise these identified bottlenecks as contributory factors moving forward. Furthermore, for all plans falling outside the 20 week timeline, the PEP is contacting the assigned EP to prompt immediate completion, with suitable ongoing monitoring by the PEP until the plan is completed as required. As a direct result, in January, the EP Service has completed 47 Statutory Advices as opposed to 31 in December. **That is an improvement of 52%.**

The overall percentage of EHCPs required by children and young people across the County remains at 3.1% which shows that the demand has increased in response to a growth in population but the percentage of plans remains the same. It is important to note that whereas Buckinghamshire had a high percentage of EHCPs, national and statistical comparators are now rising to reflect a similar level of plans.

There has also been a 36% increase in tribunal work. (September – February this academic year as opposed to last.)

Recruitment:

A new advert has now been published and will go into the weekly mailing from the Association of Educational Psychologists (AEP). This is the most productive avenue for recruiting Education Psychologists as it reaches 93% of EPs.

Mary Jenkin
Interim Principal Educational Psychologist

Report to Children's Select Committee

Title:	Early Help Review
Date:	Tuesday 12 March 2019
Date can be implemented:	Tuesday 12 March 2019
Author:	Cabinet Member for Children's Services
Contact officer:	Sara Turnbull
Local members affected:	(All Electoral Divisions)
Portfolio areas affected:	All Portfolio areas

For press enquiries concerning this report, please contact the media office on 01296 382444

Summary

The purpose of this report is to share the results of the consultation process, and the proposed changes to the Council's early help services. This includes the locations of future delivery sites and future use of children's centre buildings proposed for closure. The details to support this paper are set out in Appendices 1-5 and as listed below:

- Appendix 1 – Consultation Findings Report
- Appendix 2 – Draft Early Help Strategy
- Appendix 3 – Service Design Proposal
- Appendix 4 – Site Locations Report
- Appendix 5 – Equality Impact Assessment

These were the recommendations which were taken to Cabinet:

1. **To agree the Early Help Strategy as set out in Appendix 2.**
2. **To agree to establish an integrated Family Support Service that will assist children and families to deal with difficulties as early as possible, and reduce the need for statutory social care (see Appendix 3).**
3. **To agree to retaining 16 children's centres across the county for early years provision (as set out in Appendix 4), with the buildings also available for additional use to support families with children 0-19 (up to 25 for children with special educational needs or disabilities). These sites will be renamed as family centres to reflect their wider support role.**
4. **To agree to close 19 children's centres as listed in Appendix 4, and ensure their continuing use for early years and community benefit.**

5. **To agree to give delegated authority to the Executive Director for Children's Services, following consultation with the Executive Director for Resources, Cabinet Members for Children's Services and Resources, to:**
 - (a) **authorise changes in lease agreements for those children's centres to be closed, including agreeing the final use for such buildings;**
 - (b) **authorise further changes in the location of the premises of children's centres if required, subject to those changes being in accordance with the Early Help Strategy, and following a consultation on the proposals.**

A. Narrative setting out the reasons for the decision

Background

1. Early help is about supporting families to do well, stay safe and resolve problems at the earliest possible opportunity, before they become more serious. We know that current services are not reaching those families who need help the most. 15% of the families who accessed the Council's early help services in 2017/18 had an identified need for support. Only 5% of families accessing children's centres, a key part of the Council's early help services, had an identified need for support in 2017/18.
2. We know that too many children are receiving help too late. Over the last five years the Council has seen a 53% increase in children in need; 160% increase in the number of children subject to a child protection plan; and a 14% increase in the number of looked after children. Ofsted highlighted in their 2017 Inspection that early help services in Buckinghamshire need to improve their effectiveness in providing the right support at the first time to help prevent repeat referrals to children's services.
3. We also know that we need to change our services to have the most impact in helping families in need at a time when the Council has less money than ever before. The Council no longer receives any central government Revenue Support Grant. The Council has set a saving target of £3.1 million per annum to be achieved within early help services overall.
4. The County Council supports families through a wide range of services. This review is about services commissioned and/or provided by the Council where there is an immediate opportunity for improved integration and better outcomes. The services in-scope of this review include: the Family Information Service, Family Resilience Service, Youth Service, Children's Centres, and other contracted support for parents and young people.
5. The total current expenditure on in-scope services is £9.5 million per annum. The Council's support for families is much wider than these in-scope services alone. For example, the Council supports youth participation, support for children in households experiencing domestic violence and young carers with expenditure of approximately £630,000 per annum. Significant public health services to support families are also commissioned by the Council, with approximately £7.6 million per annum spent on public health nursing for families via health visiting and school nursing. These services are not in-scope of this review.

The Consultation Process

6. The County Council undertook a range of pre-consultation research prior to going out to formal consultation on proposals. The Council published an options appraisal document which includes an overview of the different evidence considered, as well as a research report and a pre-consultation qualitative research report carried out by BMG Research. The qualitative research included in-depth interviews with residents and partners, as well as a workshop with both groups to ensure their views were included in the design of the proposals. Quantitative research looked at needs, population changes, and the profile of existing service users to inform the development of proposals for change (see background papers for further details).
7. In light of the pre-consultation research, the Council identified three viable options for change to the service delivery model for its early help services. The viable options identified were:
 - Option A – current model with 30-35% reduction across all early help services.
 - Option B – area-based network of family centres.
 - Option C – area-based family outreach only model.
8. BMG Research was commissioned to carry out a consultation survey on behalf of the Council to ensure a robust, fair and independent consultation process. The Council sought views in particular on:
 - The proposed aims for a Council early help service and wider partnership strategy.
 - The viable options for change and any alternative proposals.
 - The priorities for the locations of the proposed family centres.
 - The proposed Council approach for the future use of children's centre buildings which might be closed.
9. A 10 week public consultation took place between 4 October and 13 December 2018. There were approximately 848 engagements as part of the consultation process. This included: 752 survey responses received from residents (717) and organisations (35); and 31 attendees at the public meetings and 53 attendees at drop-in events; and 12 additional written responses.
10. As part of the consultation process three public meetings were held in Aylesbury, Amersham and Wycombe, as well as three drop-in sessions at children's centres. A copy of the independent consultation report provided to the Council is set out in Appendix 1.
11. Promotions of the consultation and survey included:
 - Two press releases.
 - Local radio promotion in English and Hindi.
 - Social media—62 social posts which resulted in approximately 99,000 impressions (displays) and over 1500 engagements (liked/forwarded/commented).
 - Website—215,098 unique page views of the County Council's consultation pages, as well as promotions on the Buckinghamshire Family Information Service webpages.
 - External signature promotion on all staff emails.
 - Editorial in October and November 2018 editions of the 'My Bucks' newsletter.
 - Schools Bulletin promotions.
 - Governors Bulletin promotions.

- Newsletter to all parish councils.
- Emails sent to over 4,000 early help service users.
- Flyers and posters distributed to all GP surgeries, and via electronic screens in waiting areas.
- Promotions at children’s centres through communications to providers and distribution of flyers, posters and hardcopy questionnaires as required.
- Promotions at Youth Centres.
- Promotions at Citizens Advice offices.
- Promotions at Multi-cultural centres (Asian, Nigerian, Caribbean, Polish and South East Asian), Aylesbury and Wycombe, with posters and flyers distributed.
- Cascading information to religious leaders, including via churches and mosques.
- Promotions at Libraries.
- Attendance at seven Local Area Forum meetings.
- Three public meetings held in Aylesbury, Wycombe and Amersham.
- Three drop-in meetings held in Steeple Claydon, Disraeli and Iver Children’s Centres targeted at children’s centre service users, as well as the wider public.
- Communications to all internal Council staff via the Council’s newsletter.

Consultation Findings and Council Response

12. The Council has carefully considered all consultation feedback. A summary of the Council’s response to the key issues arising is set out in the table below:

Consultation Finding	Proposed Response
Approximately two-thirds (66%) of respondents agreed with the aims of the Council’s proposed early help service.	For Cabinet to agree to set up an integrated Family Support Service with the aims as proposed in the consultation (see recommendation 2 of this report).
The majority of respondents (52%) agreed with the Council’s preferred service design option B—a network of family centres.	
More than two-thirds (68%) of respondents agreed with the Council’s aim that children’s centre buildings proposed for closure should continue to be used for community benefit, particularly early years provision.	For Cabinet to agree that those children’s centres to be closed are continued to be used for early years and community benefit (see recommendation 4 of this report).
Some respondents asked for better communications of services to families.	For the new service to be named the ‘Family Support Service’ rather than ‘early help’, as it is easier to understand. To ensure an effective communications plan is in place for launching the new service.
Respondents were concerned that family support would be less accessible if children’s centres were to close, in particular raising concerns about travel distances to family centres.	As part of the implementation of a decision the Council will: Ensure that the Council’s Family Support Service can be accessed through a variety of ways: self-referral; professionals such as GPs, health visitors and schools. Raise awareness about our services with partners and local communities. Improve the Buckinghamshire Family

	Information Service website, through investing in easier navigation and additional online resources, including self-help tools.
Respondents were concerned that it would be harder to identify families in need if children's centres closed.	Set-up three area teams with named officers to work with specific schools and health teams to improve the identification of families in need..
Respondents were concerned about the loss of valued universal community provision.	<p>The new service will include a community links officer in each of the three area teams to help build community capacity.</p> <p>Invest in the Buckinghamshire Family Information Service website to improve signposting to community activities and support for families.</p>
Some respondents expressed concern about the potential impact of children's centre closures on the continuing local accessibility of health service provision.	<p>Whilst health services are not in-scope of this review, it is recognised by the Council that in some areas where children's centres are to be closed it might be necessary for alternative local venues to be used to ensure continuity of access to universal services such as health clinics.</p> <p>Through the consultation process the Council has discussed the possibility of continuing health delivery at sites to be formally closed at children's centres with respective site owners (often schools). These discussions have been positive and on many sites health service delivery is likely to continue unaffected.</p> <p>Following a Cabinet decision, officers will continue to work with health colleagues to ensure effective and timely communication of information to service users.</p>
Many respondents expressed views on proposed sites, and in particular views on retaining specific children's centres.	<p>Some changes to site locations for family centres are proposed to reflect consultation feedback.</p> <p>This includes proposing an additional 2 family centres, bringing the number of retained children's centres across Buckinghamshire from 14 to 16.</p>

13. It is recommended to establish a new integrated Family Support Service with the aims as proposed in the consultation. This would be a significant departure from the range of current services delivered directly by the Council or contracted out. The aims would be to:

- Support vulnerable children and families to enable them to thrive and achieve positive outcomes.
- Integrate services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience.
- Improve access and reduce duplication to enable children and families needing support to tell their story only once.

- Evidence the impact of early help to reduce cost pressures on statutory services.

14. It is also recommended that the Council's preferred consultation proposal for the overall service design model (option B—a network of family centres) is approved. There are three key benefits of an integrated Family Support Service:

a) Targeted support for those in need

- Specialist practitioners in key areas: including special educational needs, domestic abuse, and parenting.
- A pro-active focus on identifying those who can benefit most from early help.
- A named key worker for each family with a support plan to co-ordinate activity to address the family needs, to achieve agreed outcomes and sustain improvements.

b) Improved access to support

- Residents to access services through a variety of ways: including self-referral and via professionals such as GPs, health visitors and schools.
- Open access stay & play sessions for babies & toddlers, held at family centres across the county.
- An enhanced Buckinghamshire Family Information Service website, including new self-help tools online.

c) Better connected

- Three area family support teams working jointly with key partners, particularly schools and health colleagues to identify and support vulnerable families.
- Each school will have named link family support worker to improve early identification and multi-agency early intervention, supporting families with emerging needs.
- Each area family support team to have a dedicated officer to develop community capacity and grow local networks, building independence and resilience.

15. It is proposed that there are 16 family centres across Buckinghamshire to support the continuing local accessibility of services. Families will also be able to access services through a variety of other ways including: via outreach work by family workers who will be delivering support in community venues and family homes, online and telephone advice services.

16. Services will be provided from the family centres to meet the needs of families with children aged 0-19 (up to age 25 for children with special educational needs). This will ensure that the buildings are utilised for supporting families with older children, as well as those with children aged 0-5 (current focus for the existing children's centres).

17. The family centres will also serve as continuing formally designated children's centres with the DfE, reflecting their continuing majority use for early years provision, alongside their wider potential use for activities to support families with older children.

18. The location of the proposed family centres has been determined according to a variety of factors. The full rationale for the determination of each family centre location and proposed children's centre sites for closure is set out in Appendix 4. The key factors considered were:

- The views of public and partners.

- The population needs of different areas.
- Population density.
- Coverage and reach across Buckinghamshire.
- Practical building considerations.

19. In response to consultation feedback, some changes to the proposed locations are put forward. It is proposed to increase the total number of family centres across Buckinghamshire from 14 to 16, with additional family centres (retained children's centres) at Hampden Way, Wycombe and at the Ivers. The rationale for these additional sites is to effectively meet local needs, as well as to maximise the accessibility of family centres.

20. A further change is proposed in High Wycombe. The Council originally proposed to close Disraeli Children's Centre and retain Hamilton Rd Children's Centre as part of the preferred service model option. Following further consideration, it is proposed to instead retain Disraeli Children's Centre and close Hamilton Rd Children's Centre. Consultation feedback indicated strong local support for retaining Disraeli Children's Centre. In addition, evidence on the usage figures showed that Disraeli Children's Centre had more than double the number of unique families in 2017/18 in comparison to Hamilton Rd Children's Centre. Given the relative proximity of the centres (1 mile/20 minutes by foot/10 minutes by bus: google maps), and a desire for an overall geographical spread of centres across Buckinghamshire, it is proposed that only one out of these two centres is required.

21. See table below for summary of site changes following the consultation:

Children's Centre	Consultation Preferred Option	Cabinet Proposal
Hampden Way	Close	Retain
Ivers	Close	Retain
Hamilton Rd	Retain	Close
Disraeli	Close	Retain

B. Other options available, and their pros and cons

22. As set out above, the Council consulted on three viable options for change to its early help services, as well as seeking views on alternatives. The Council considered retaining the same services with no change and this was ruled out from further evaluation prior to the public consultation, as it would not be possible to deliver the Council's ambitions for the new service in supporting families in need nor achievable within the reduced resources available.

23. Option A (retaining the current service model, including all 35 children's centres, with a third reduction in spend across all current early help service areas) is not recommended. This is because evidence indicates that it is highly likely that outcomes for children and young people would not improve.

24. Option C (an outreach only model) is also not recommended. Whilst this model would help ensure resources are targeted at those most in need, it would mean the Council would not have any fixed local delivery sites. There has been strong feedback from the most recent and previous consultations on early help that maintaining a local fixed presence in communities is valued and an important part of a preventative model.

25. A summary of the pros and cons of each of the service design options is set out below:

	Pros	Cons
Option A— Retaining same early help services but less 30-35% service activity/spend.	Maximises the number of fixed buildings in local communities across Buckinghamshire.	A reduction in targeted support to which would lead to overall worse outcomes for children and families. Increased waiting times for families to receive help and increases pressure on statutory social care services.
Option B— A network of family centres	Family centres would offer support to families with older children not just 0-5 years. Resources targeted at families in need to prevent problems becoming worse.	A risk that those communities where a children’s centre is closed that services would be less accessible without alternative arrangements being put in place to mitigate this risk.
Option C—Area outreach model (targeted support only, no open access)	Maximises resources for targeted support.	The lack of any fixed buildings in local communities as a central point for service delivery may lead to missed opportunities for building strong community resilience and partnership working.

26. In the consultation survey, respondents were invited to suggest any alternatives to the viable service design options identified by the Council in two free text questions. The detailed analysis to these questions is set out in the Appendix 1. In response to a general question on any alternatives, the key themes were: a desire for no cuts to be made to children’s centre provision; a request for increased/expanded services; a concern in regard to the accessibility of future services if children’s centres close; suggestions in regard to finances, such as cutting staff costs and increasing income.

27. A further question invited respondents to comment upon any alternative ideas for the delivery of savings. The top themes were: identifying new sources of income/funding; making efficiencies and reducing staff costs.

28. The Council is committed to ensuring a balanced budget is delivered, as well as ensuring value for money from early help services and therefore considers that changes to early help services are vital to improve outcomes for vulnerable children and families. In response to suggestions relating to efficiencies, management efficiencies are built into the design of the staffing model to deliver the proposed service.

29. Some respondents suggested delaying a decision until after the new Unitary Council is formed. This is not considered advisable. Acting now to improve early help services is part of the Council’s Ofsted improvement journey. Delaying a decision would mean that the County Council would be unable to fulfil its duty of care to improve outcomes for children and families.

C. Resource implications

30. The resource implications of this decision are that the Council’s new integrated Family Support Service will be enabled to deliver services to meet the needs of families within the available resources identified in the Council’s Medium Term Financial Plan.

Implementation of the new service model from September 2019, and continuation of the current savings plans will deliver £2.5 million savings in 2019/20 and thereafter £3.1 million year-on-year. The total annual revenue available budget for the Family Support Service is £6.6 million.

31. The set-up costs are estimated to be approximately £350,000 for the Family Support Service, covering ICT, minor building works and staff training. These costs will be met from within the available budget for the service.

D. Value for Money (VfM) Self-Assessment

32. Prior to the consultation the Council considered the value for money of the options for change as part of an options evaluation (see background papers). The evaluation criteria for service options reflected the need for efficiency, economy, and effectiveness in service delivery.
33. The service design model as set out in Appendix 3 to this report provides the best value for money out of the options for change. Nationally there is strong evidence, particularly from the Early Intervention Foundation, that investment in specific targeted early interventions with children and families leads to improved outcomes and reduces longer-term cost pressures on statutory social care.

E. Legal implications

34. There are various duties that are relevant to this decision and the most relevant are highlighted below.
35. Section 11 of the Children Act 2004 which requires the Council and partner agencies to make arrangements for ensuring that their functions are discharged, having regard to the need to safeguard and promote the welfare of children.
36. Statutory guidance in the DfE Working Together to Safeguard Children Guidance 2018. This guidance sets out that early help is more effective in promoting the welfare of children than reacting later. Effective early help relies upon local organisations working together to:
 - Identify children and families who would benefit from early help.
 - Undertake an assessment of the need for early help.
 - Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.
37. Section 2B of the National Health Service Act 2006 which places a duty on the Council to take such steps as it considers appropriate for improving the health of the people in its area. Such steps include provision of services or facilities designed to promote healthy living, and provision of information and advice. Having an integrated and effective early help services for children and families supports this overarching public health duty.
38. Under the Childcare Act 2006, the Council has various duties in relation to pre-school and primary school aged children:
 - Section 1 places a duty on the Council to improve the wellbeing of children aged 0-5 and to reduce inequalities between them.

- Section 3 requires the Council to ensure that early childhood services are provided in an integrated manner, in order to facilitate access to maximise the benefit to young children and their parents.
 - Section 4 places a duty on relevant partner agencies to work with the local authority to improve wellbeing and secure integrated childhood services.
 - Section 5A requires the Council to secure, so far as reasonably practicable, sufficient children's centres in its area to meet local need.
 - Section 5D requires the Council to consult on any significant changes made to children's centre provision within the local area.
39. Statutory guidance on these duties is provided in Sure Start Children's Centres Statutory Guidance 2013. Children's centre services may be provided on site or advice or assistance may be provided on gaining access to services elsewhere. The guidance confirms that children's centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas. The core purpose of children's centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in (1) child development and school readiness, (2) parenting aspirations and parenting skills and (3) child and family health and life chances.
40. In relation to the sufficiency duty, the guidance makes clear that the local authority should ensure that a network of children's centres is accessible to all families with young children in their area and within reasonable reach of all families with young children in urban and rural areas, taking into account distance and availability of transport and that centre services should be targeted at families at risk of poor outcomes through effective outreach services, based on analysis of local need. There is a presumption against closure of children's centres and where closure is proposed, the outcomes for children, particularly the most disadvantaged, should not be adversely affected. In determining arrangements locally the guiding considerations should be value for money and the ability to improve outcomes for all children and families, especially families in greatest need of support.
41. Under the Education Act 1996, s.507B the Council has a duty to secure, so far as reasonably practicable, sufficient educational leisure-time activities and recreational leisure-time activities and facilities for the improvement of well-being of young people aged 13-19 years (up to 25 years for those with a learning difficulty or disability).
42. The Council's approach has been informed by the need to ensure a fair consultation process. Case law has confirmed the followed principles:
- Consultation must be at a time when proposals are still at a formative stage.
 - The proposer must give sufficient information for any proposal to permit intelligent consideration and response.
 - Consultation must be for a sufficient time to allow respondents to properly respond.
 - Consultation results must be taken into account by the final decision-maker.

F. Property implications

43. The proposed 16 family centre sites at retained children's centre sites have been assessed by property services as suitable for delivering services and are all DDA compliant. The rationale for the site choice is set out in Appendix 4.

44. During the consultation period preliminary discussions have taken place in regard to the potential possible future uses of those children's centres which are to be de-designated. Appendix 4 sets out the Council's proposed next steps for each of these buildings in light of this engagement.
45. As part of the implementation process the Council's property services will lead in taking forward changes to lease arrangements and continuing community engagement in relation to all 19 sites proposed for closure as children's centres, as part of its corporate landlord function.
46. The recommendations include delegated authority to the Executive Director for Children's Services, following appropriate consultation, to authorise any changes in lease terms for those buildings that are no longer to be used as children's centres, as well as further changes on the location of children's centres. This delegation enables the future opportunity to consider changes where they may benefit service users, if for example improved alternative local premises become available. The use of delegated powers would be taken in accordance with the Council's Constitution.

G. Other implications/issues

47. Section 149 of the Equality Act 2010 states: (1) A public authority must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. (...)
 - (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
 - (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) tackle prejudice, and
 - (b) promote understanding
48. An equality impact assessment has been completed and is set out in Appendix 5. Potential positive and negative impacts have been identified in regard to the protected

characteristics of age, disability, gender, pregnancy and race. Key mitigations include: ensuring that service changes are communicated effectively, to alleviate any concerns over the changes, so that service users are aware of how they can access family support services; as well as ensuring that the impact of the new Family Support Service is monitored to enable services to be locally tailored and improved.

49. Following a Cabinet decision, a staffing consultation will take place with in-house and provider staff affected. It is anticipated that the staffing consultation will start in April 2019 and that the new service will go live in September 2019.
50. Current providers of services in scope of this review will be formally notified of the termination of contracts for those services where required, to implement the decisions set out in this report.
51. It is anticipated that those buildings identified for closure as children's centres would be available for alternative use from September 2019.

H. Feedback from consultation, Local Area Forums and Local Member views

52. The feedback from the public consultation has been summarised earlier in this report.
53. Consideration has been given to three petitions relating to this decision:
 - A petition signed by 42 residents, received 13 December 2018, entitled "We the undersigned are concerned that the current proposals favoured by Bucks County Council leave Totteridge and Micklefield with no family centre".
 - A petition signed by 356 residents (at 13 December 2018 end of consultation date) and 521 residents (10 January 2019), entitled "Save Buckinghamshire Children's Centres: Delay decision – a new council should decide in 2020".
 - A petition relating to a previous decision on early help (ended 16th Oct 2017) signed by 2272 residents, entitled "We ask you to keep all 35 Children's Centres in Buckinghamshire open".
54. All Member divisions are impacted by the proposed changes. In the pre-consultation research phase (June-September 2018) a cross-party Member working group was formed and which has subsequently met monthly to assist the Cabinet Member for Children's Services in overseeing the consultation and the development of proposals for change. This group comprised: Mr Clare; Mr Williams; Mr Lambert; Mrs Ward; Mrs Macpherson.
55. All Members have been engaged and kept updated on the Early Help Review through all Member face-to-face briefings held in June and September 2018. In addition, written updates have been provided at County Council meetings and the Children's Select Committee has been kept informed.
56. The consultation has been promoted to all Local Area Forums (LAFS) through providing a written summary as part of the County Council's regular update at LAF meetings, as well as through officers attending seven LAF meetings to provide a presentation on the proposals and answer any questions (North West Chilterns; Waddesdon; Beeches; Missendens; Wexham and Ivers; Amersham; Wendover).
57. As part of the consultation process all Members have had the opportunity to raise any issues directly with the Cabinet Member for Children's Services or officer team. This is

in addition to the other engagement opportunities at County Council meetings, LAF meetings, All Member Briefings, and through the opportunity to submit formal responses to the consultation survey.

58. In addition to the Member involvement to date, further involvement will follow a Cabinet decision and include:

- A written communication to all Members to inform them of the outcome of the Cabinet decision, alongside an invitation to contact the relevant officers if Members wish to discuss any local issues including the arrangements for future use of buildings in their division.
- Ongoing updates to all Members about the service through the Cabinet Member's Blue Book update to full Council.

I. Communication issues

59. The Cabinet decision on the future model for early help services will be communicated to the current providers, staff and partner organisations following a decision.

60. A key part of the implementation work to ensure that the new Family Support Service goes live in September 2019 is ensuring that there are effective countywide and local communications about the new service. Following a Cabinet decision, officers will be working to develop, with local communities, effective communications about the new service overall and in particular the information about what services are available at family centres.

J. Progress Monitoring

61. The new integrated Family Support Service will be launched in September 2019. The effectiveness of the new service will be monitored through performance reporting as part of normal management processes within Children's Services. The Cabinet Member for Children's Services will receive regular updates on progress and the Children's Select Committee as required.

K. Review

N/A

Background Papers

28 September 2018 – Decision taken to go out to consultation on the Early Help Review
<https://democracy.buckscc.gov.uk/ieDecisionDetails.aspx?ID=9120>

Full responses to the early help consultation survey open questions.



Consultation Findings Report

Early Help: Consultation Findings Report

**Prepared for: Buckinghamshire County
Council**

Prepared by: BMG Research

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Prepared for: Buckinghamshire County Council

Prepared by: BMG Research

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Table of Contents

Executive Summary	1
About this consultation	1
Views on the Council’s draft Early Help Strategy	1
Views on the service design options	1
Views on proposed centre closures and alternative building use.....	2
Key themes	2
1 Introduction	3
1.1 Background	3
1.2 About the consultation	3
1.3 Methodology	4
1.4 Public meetings and drop-in sessions	5
1.5 Additional information and responses	5
1.6 Approach to analysis and reporting	5
1.7 Promotion of the questionnaire.....	6
2 Council’s aims and priorities	7
2.1 Early Help Strategy.....	7
2.2 Views on Early Help Strategy	8
3 Views on the Council’s proposed options	13
3.1 Option A: Current model (less 30-35% reduction across all services)	13
3.2 Option B: Network of family centres – the Council’s Preferred Option	17
3.3 Option C: Area-based family outreach model.....	24
3.4 Preferred options	29
3.5 Alternative suggestions	33
3.6 Future use of buildings	39
4 Preferences for location	41
4.1 Aylesbury Vale district	41
4.2 Wycombe district	42
4.3 Chiltern & South Bucks district	43
4.4 Priorities by respondent group and characteristics.....	43
5 Public meetings and drop-ins	44
5.1 Key themes from discussions.....	44

Early Help: Consultation Findings Report

5.2	Specific queries and gaps in the information provided	45
5.3	Comments regarding alternatives.....	45
6	Additional views and comments	47
6.1	Support for children’s centres.....	47
6.2	Considerations for which centres to retain	48
6.3	Preferences for options	49
6.4	Other comments	49
	Appendix 1: Profile of respondents	50
	Appendix 2: Current use of services	60
	Appendix 3: List of participating stakeholder organisations	66
	Appendix 4: Additional responses from stakeholder organisations	67
	Appendix 5: Residents’ questionnaire.....	68

Executive Summary

The following executive summary provides an overview of the key findings from research conducted by BMG Research as part of Buckinghamshire County Council's public consultation exercise on its early help services.

This includes findings from engagements with 848 residents and stakeholder organisations in Buckinghamshire, including: a survey (completed by 717 residents and 35 representatives of stakeholder organisations) using a combination of online and paper questionnaires; public meetings (with 31 attendees) and drop-in sessions (with 53 attendees); and additional written responses submitted by eight residents and four stakeholder organisations.

About this consultation

Early help is about supporting families to do well, stay safe and resolve problems at the earliest possible opportunity, before they become more serious. The County Council's early help services in the scope of this consultation include:

- **Universal services:** Buckinghamshire Family Information Service; children's centres.
- **Targeted services (children and families in need):** Connexions; Early Help Panels; Families First; Family Resilience; Barnardo's support for parents; Youth Services.

Following pre-consultation activities, three viable options were developed by the Council to be consulted on with residents and partners:

- Option A – Current way of providing services but with a 30-35% reduction in all services
- Option B – Network of 14 family centres (Council's preferred option)
- Option C – Family outreach only

Views on the Council's draft Early Help Strategy

The Council provided an overview of its aims and priorities for early help as well as links to supporting documentation for residents and partners to consider. Around two-thirds (66%) of respondents indicated they agree with the Council's aims and priorities for its proposed Early Help Service, including a quarter (26%) who strongly agree. Only one-sixth (15%) disagree, while a similar proportion (15%) neither agree nor disagree.

Those in agreement with the Council's aims and priorities for early help are more likely to be stakeholders (94%), whilst parents and carers are the least likely to agree (60%).

Views on the service design options

Following provision of an overview of the three service design options and the option to review additional supporting information, respondents were first asked about their views on each option in isolation, then about their preferences from amongst these three viable options. Respondents were subsequently given the opportunity to suggest alternative options.

The following table summarises the findings from these questions, showing that over one-half of respondents agree with the Council's preferred Option B. This was both the option respondents are most likely to agree with in general (52%), and the preferred option out of the three viable choices (58%). It should be noted that several residents expressed concern about choosing between the three options, and felt the Council should provide further alternatives, including no change, something else, or none of the above.

	% agreeing with this option to deliver early help	% selecting this as their preferred 'viable' option
Option A– Current way of providing services but with a 30-35% reduction in all services	21%	26%
Option B – Network of 14 family centres (Council's preferred option)	52%	58%
Option C – Family outreach only	9%	6%

Whilst only one-fifth of respondents (21%) agree with Option A, over one-quarter (26%) selected it as their preferred option. Notably, whilst Option B was the preferred option amongst all respondent groups, residents and particularly parent/carers are significantly more likely than others to prefer Option A (27% and 31% respectively). Respondents are also significantly more likely to prefer Option A if they are children’s centre users (33%), as such this group are less likely to be supportive of Option B overall (53%).

Option C was unpopular and considered to be unfeasible by the majority of respondents, with only 6% preferring this; however, Family Resilience Service users and non-users of early help services are more likely to prefer this (14% and 11% respectively).

Views on proposed centre closures and alternative building use

Whilst views are split given the number of children’s centres under consideration, the centres seen as the top priority for retention in the three districts are: in Aylesbury Vale, the Aylesbury (Southcourt) Children’s Centre (10%); in Wycombe, Mapledean Children’s Centre (6%); and in Chiltern/South Bucks, the Ivers Children’s Centre (5%).

Overall participants in this consultation are not happy at the idea of any children’s centres being closed at all, and strongly preferred the Council to consider finding ways to maintain current levels of service, or improved levels of service.

More than two-thirds (68%) of respondents agree with the Council’s aim that children’s centre buildings proposed for closure should continue to be used for community benefit, including 33% who strongly agree with this aim. Several respondents want the Council and its partners to work closely with community groups to ensure sufficient information and support is made available to those wanting to access buildings and develop activities and services within these.

Key themes

Whilst this consultation aims to understand preferences for early help services as a whole; significant emphasis was placed by participants on children’s centres, as these are the services most respondents were aware of, 67% of them having used these.

Both residents and stakeholders who participated in this consultation (including 47% of those responding to open response questions and those who attended public events), were keen to emphasise the value and impact of early help. Nearly one-third (30%) of survey respondents stated a preference for services to be improved, and one-quarter (25%) emphasised the importance of access to children’s centres both in terms of the services and professional staff, but also the local buildings where these could be found.

Nearly one-third (30%) of respondents explicitly stated in open responses that they did not want to see cuts to the early help services and 23% stated they wanted the Council to further expand services. As such there was also a view that the Council could do more to generate the funding needed through: exploring further payment models for services (such as renting out children’s centre buildings, or asking for donations or fees for certain sessions); identifying efficiencies in the Council’s services, staffing levels, and pay; further lobbying to central government; further applications for grants and partnership opportunities with charities; and delaying the decision for early help until the establishment of the Unitary Council in 2020.

1 Introduction

1.1 Background

This report has been produced by BMG Research on behalf of Buckinghamshire County Council to summarise the feedback gathered in its public consultation exercise on the Council's early help services.

Early help is about supporting families to do well, stay safe and resolve problems at the earliest possible opportunity, before they become more serious. Early help encompasses a range of services and functions, some of which the Council is responsible for and looking to improve. Services are offered according to the needs parents and children are experiencing, with some being provided on a universal basis, and others being provided on a targeted basis. Need is assessed by support workers once parents or children access services and are used to determine how best to provide appropriate support. The threshold levels of need for different services range from 1 – Universal Services to 4 - Statutory Intervention, Acute/Child Protection. The following bullet points summarise the early help areas; however, those in italics were not in the scope of the consultation:

- **Universal services:** Buckinghamshire Family Information Service; children's centres; *Health Visitors; School Nurses; GPs; and Schools.*
- **Targeted services (children and families in need):** Connexions; Early Help Panels; Families First; Family Resilience; Support for parents (through Barnardo's); Youth Services; *Children and Adolescent Mental Health Service; Health Visitors; School Nurses; Family Nurse Partnership; Barnardo's 'RU Safe'; Social Care; and Police.*

The Council believes that early help services are currently not working as they should be, and that too many children are receiving support too late. Additionally, the Council is facing financial pressures and as a result has identified a savings target of £3.1 million from within early help services overall.

1.2 About the consultation

The County Council undertook a range of pre-consultation research as part of the review of early help services. The Council has published an options appraisal document which includes an overview of the different evidence considered as part of the decision to go out to public consultation, as well as a research report delivered in-house and a qualitative research report by BMG Research (these papers are available to view at www.bucks.cc.gov.uk/earlyhelp).

The qualitative research included in-depth interviews with residents and partners, as well as a workshop with both groups to ensure their views were included in the design of proposals.

Pre-consultation research was carried out as part of the review of early help services. Quantitative research conducted by the Council looked at needs, population density and changing demand to identify where support should be targeted. Qualitative research was conducted by BMG Research which included in-depth interviews with residents and partners, as well as a workshop with both groups to ensure their views were included in the design of proposals.

This information was used to inform the development of proposed aims against which the Council would refocus its support for families in a new Early Help Service, specifically:

Early Help: Consultation Findings Report

- Supporting vulnerable children and families to enable them to thrive and achieve real, positive outcomes.
- Integrating services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience.
- Improving access and reducing duplication to enable children and families needing our support to tell their story only once.
- Evidencing the impact of early help to reduce cost pressures on statutory services.

The Council ruled out an option of 'no change' as this is not a financially sustainable way to keep providing early help services to meet the needs of children and families effectively.

Therefore, three viable options were developed by the Council to be consulted on:

- Option A – Current way of providing services but with a 30-35% reduction in all services
- Option B – Network of 14 family centres (Council's preferred option)
- Option C – Family outreach only

This consultation allowed the Council to engage with residents and partners to understand their views on the Council's aims for its early help service and the three options developed, as well as any alternatives.

1.3 Methodology

BMG was commissioned by the Council to deliver a questionnaire through which resident and partner views would primarily be captured, as well as attending public consultation meetings and drop-in sessions to ensure the questions and views raised in these were captured. In total there were 848 engagements from residents and stakeholder organisations in Buckinghamshire including: via the survey (completed by 717 residents and 35 representatives of stakeholder organisations) using a combination of online and paper questionnaires; public meetings (31 attendees) and drop-in sessions (53 attendees); and additional written responses submitted by eight residents and four stakeholder organisations.

1.3.1 Questionnaire

The questionnaire was available online and on paper to allow all residents in Buckinghamshire to participate. The questionnaire was designed by BMG in partnership with the Council and consisted of a combination of non-mandatory quantitative questions with the inclusion of four open response questions.

The online survey was made available to all via an open link and publicised through the Council's website, social media, children's centres, youth services, and libraries. In addition, over 4000 emails were sent out to residents who had engaged with early help services (including children's centres) as well as representatives of partner organisations. Additionally, paper copies of the questionnaire were sent to every children's centre and every library within Buckinghamshire, alongside information about the consultation and freepost envelopes so that these could be returned.

Children's centres, libraries and the general public were provided with details to contact BMG Research or the Council directly if they required any support completing the questionnaire, including translation services, to request additional paper copies, or to confirm parental consent arrangements if a respondent was under 16.

In total, 752 responses to the questionnaire were received, including 717 residents and 35 representatives of stakeholder organisations. Of these responses, 709 were received online and 43 via post. Further information about the demographics of respondents and their use of early

help services can be found in Appendix 1 and Appendix 2 of this report. Information about participating stakeholders can be found in Appendix 3.

1.4 Public meetings and drop-in sessions

Buckinghamshire County Council held three public meetings for this consultation; this included a meeting during the day with a crèche provided. These meetings were convened on:

- Thursday 8 November 2018, 7pm – 8:30pm, Aylesbury (attended by 4 people)
- Monday 12 November 2018, 7pm – 8:30pm, High Wycombe (attended by 17 people)
- Monday 19 November 2018, 1pm – 2:30pm, Amersham (attended by 10 people)

The public meetings were attended by the Cabinet Member for Children’s Services, council officers and representatives from BMG Research. Each meeting included a presentation delivered by the Head of Early Help, followed by questions from members of the public. The presentation provided a summary of:

- the purpose of the consultation;
- what early help is and which services (universal and targeted) are within scope;
- pre-consultation work conducted;
- key drivers for changing the Council’s Early Help services;
- the three options being consulted on, with particular focus on Option B, the Council’s preferred option;
- locally specific information for each local area, particularly which centres in the local area the Council proposes to keep open under Option B; and
- the Council’s plan for alternative uses for children’s centre buildings.

In addition, three informal drop-in sessions were also arranged at children’s centres, attended by council officers and representatives from BMG Research. These were held on:

- Wednesday 28 November 2018, 11am – 12:30pm, Steeple Claydon Children’s Centre (attended by 13 people)
- Friday 30 November 2018, 9am – 10:30am, Disraeli Children’s Centre (attended by 25 people)
- Monday 3 December 2018, 11:45am – 1pm, The Ivers Children’s Centre (attended by 15 people)

1.5 Additional information and responses

Some stakeholder organisations and residents opted to submit their views to BMG outside of the questionnaire or forum format. Typically this involved freeform email and written information, and where relevant, supporting information. A total of 12 emails or letters were received by BMG in this way, comprising 4 from stakeholder organisations and 8 from residents. These were analysed alongside open response questions to the survey. The responses received from stakeholder organisations are published in Appendix 4 with their consent.

1.6 Approach to analysis and reporting

This report provides a summary of the key findings from the analysis of the responses to the Buckinghamshire County Council Early Help consultation.

The data from the surveys was imported and analysed by BMG exploring responses based on respondent type (resident or stakeholder), and other key factors (such as district of residence, demographics, service use, distance travelled to children’s centres, or option preferences) where bases were sufficiently large for reliable analysis to be undertaken (with a minimum 20

Early Help: Consultation Findings Report

responses). Differences are included based on these factors where questions are comparable and where these are statistically significant.¹

Tables and graphs are all labelled with a sequential 'Figure Number' and title. All tables and graphs have clearly labelled base sizes (for all sub-groups) and textual definitions of bases. The total of percentages shown in a table may vary slightly from 100% due to rounding to the nearest percentage point.

Open response questions were used to generate code-frames to understand and quantify key themes wherever possible, and these are highlighted in this report. It should be noted that as analysis was conducted using open response data provided by respondents, it only represents the information provided. As such, whilst we indicate scale of experience among respondents, this cannot be considered as exhaustive.

Every effort was made to ensure people were aware of the consultation and to support access to complete the survey. The purpose of the survey was to enable all residents and stakeholder organisations the opportunity to inform the development of proposals for service changes. Given this approach a representative sampling approach was not applied and weightings are not used in this report. As such, the findings in this report should not be considered as representative of all users of early help services, or the population of Buckinghamshire as a whole.

1.7 Promotion of the questionnaire

The Council was responsible for promoting participation in the consultation process and undertook wide-ranging communications to encourage residents and partner organisations to complete the survey.

This included promotions via the press; social media; radio; website; My Bucks newsletter; parish council newsletters; schools and governors bulletins; emails sent to over 4000 early help service users; flyers and posters distributed to all libraries and children's centres; promotions via GP surgeries, youth centres, multi-cultural centres, churches and mosques.

In addition to the three public meetings and three drop-in events, officers attended seven Local Area Forum (LAF) meetings to provide a presentation on the proposals and answer any questions (North West Chilterns; Waddesdon; Beeches; Missendens; Wexham and Ivers; Amersham; Wendover).

¹ Independent t-tests were conducted at the 95% confidence level to identify where findings were statistically significant.

2 Council's aims and priorities

2.1 Early Help Strategy

Respondents to the survey were shown the following description of the Council's proposed aims and priorities and also referred to the consultation website for further information.

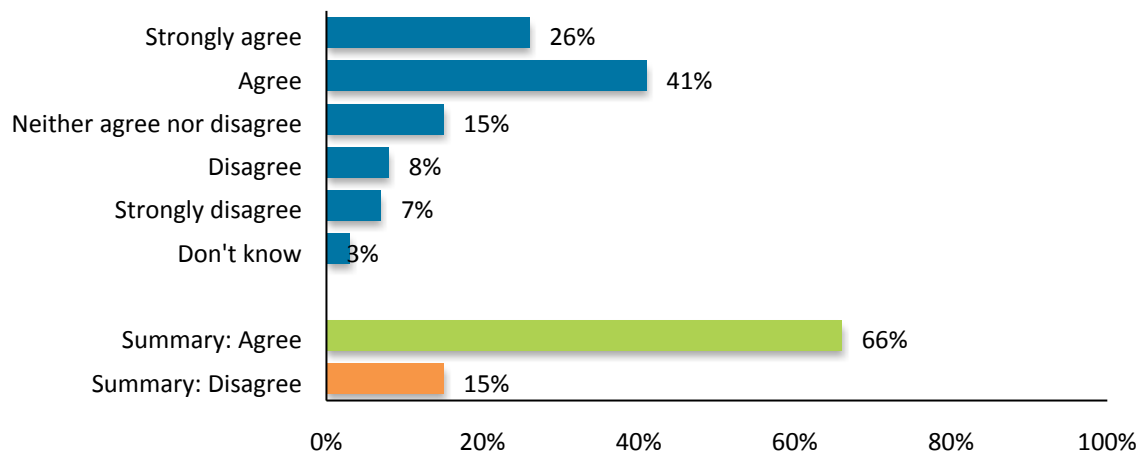
The Council's Early Help Service is designed to have clear responsibilities and to deliver support to families in partnership which enable improved outcomes for children and families, as set out in the draft partnership Early Help Strategy which can be found at www.buckscc.gov.uk/earlyhelp

The Council is proposing to refocus its support for families in a new Early Help Service with the following aims:

- Supporting vulnerable children and families to enable them to thrive and achieve real, positive outcomes.
- Integrating services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience.
- Improving access and reducing duplication to enable children and families needing our support to tell their story only once.
- Evidencing the impact of early help to reduce cost pressures on statutory services.

Two-thirds (66%) of respondents agree with the Council's priorities for its Early Help Service, including a quarter (26%) who strongly agree. Almost one-sixth (15%) disagree, while a similar proportion (15%) neither agree nor disagree, and 3% did not know.

Figure 1: To what extent do you agree with the Council's proposed aims for its Early Help Service?



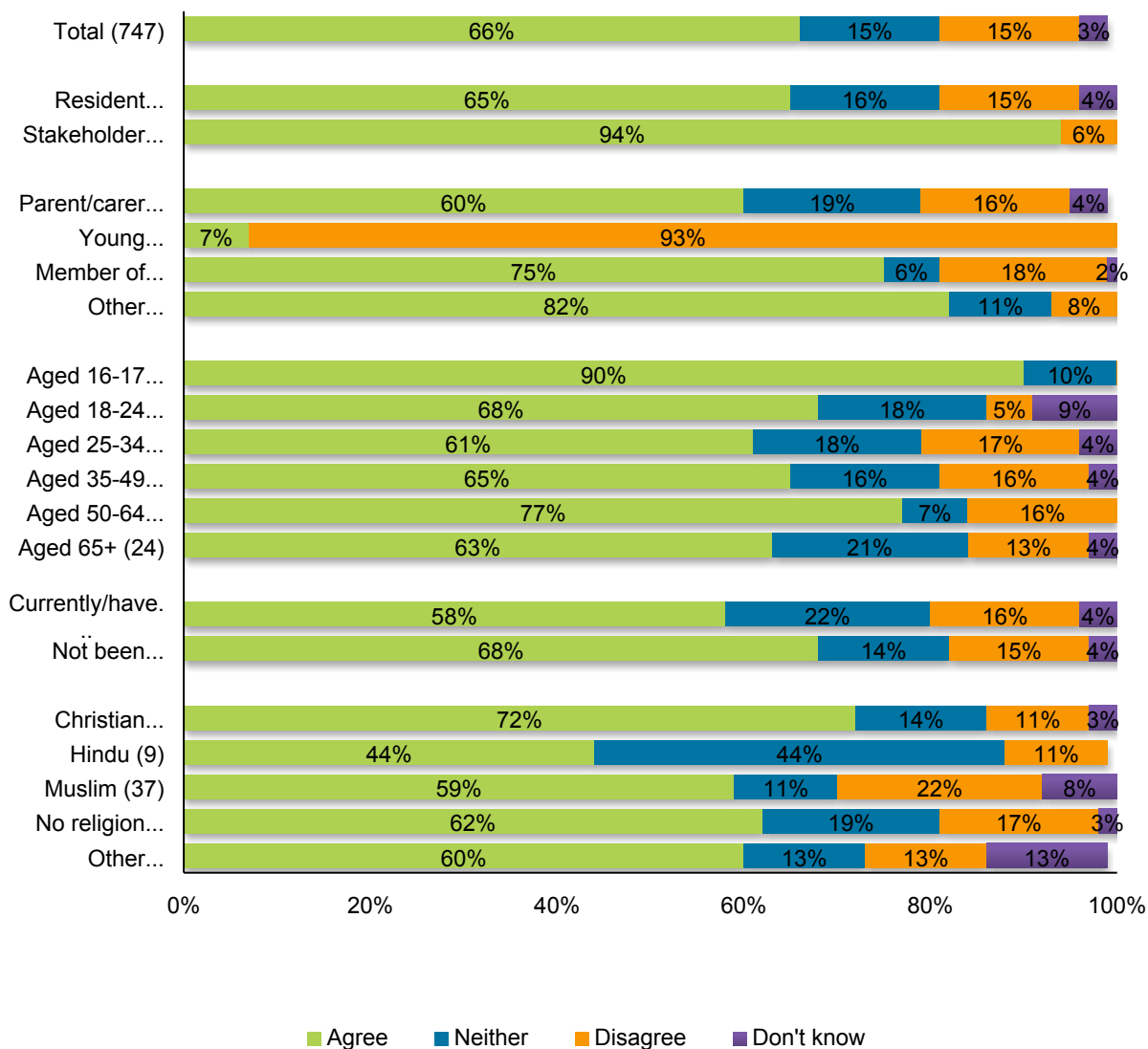
Q6. Single answer allowed. Residents and stakeholders. Sample base=747
The total of the percentages may not equal 100% due to rounding to the nearest percentage point.

Stakeholders are significantly more likely than residents to agree with the Council's proposed aims for its Early Help Service, with 94% of stakeholders expressing that view compared to 65% of residents. Parents and carers are the least likely to agree with those aims, with 60% doing so. Those aged 50-64 are the most likely to agree with the aims (77%), and those aged 25-34 are the least likely to do so (61%). Agreement is significantly higher among those identifying as

Early Help: Consultation Findings Report

Christian (72%), and significantly lower among those who are currently pregnant or have been within the last year (58%).

Figure 2: To what extent do you agree with the Council's proposed aims for its Early Help Service? (by demographic and respondent groups of interest)

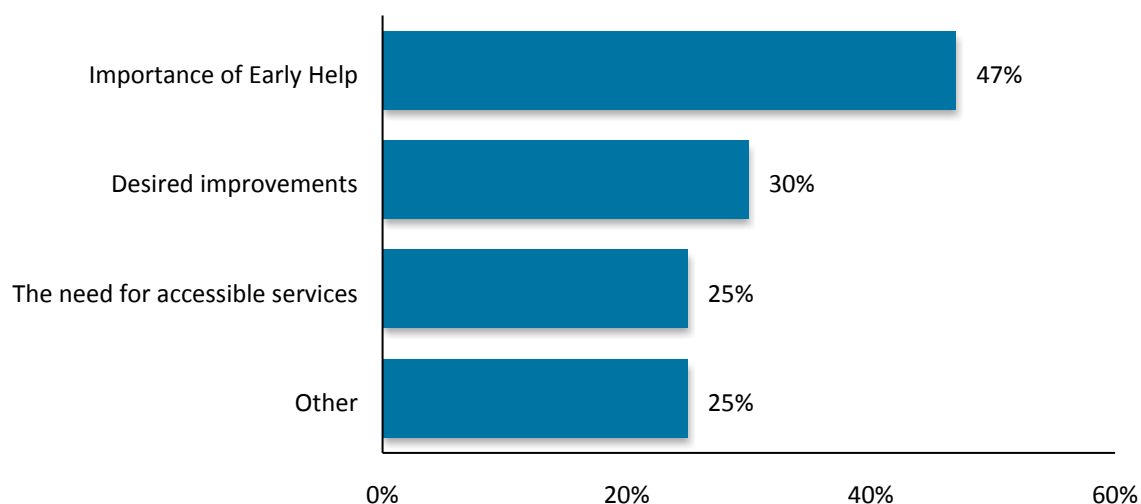


Q6. Single answer allowed per respondent. Sample base shown in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

2.2 Views on Early Help Strategy

Many respondents (333) provided additional comments regarding their views on the Early Help strategy. Most often, these comments concerned children's centres, and in particular respondents noted the importance of the Early Help service and its effect on their life; the need for services to be accessible; improvements they would like to see; as well as a range of other points which are discussed further in this section.

Figure 3: Do you have any other comments on what the aims of the Council's Early Help service should be?



Q7. Open text response, subsequently coded into categories. Comments may fall into several categories. Sample base: 333

2.2.1 The importance of early help services

Just under half of those providing comments (47%, 158 respondents) stressed the importance of early help services, often sharing personal stories about the support offered by the children's centres, and the specific classes and services they and others have benefitted from:

"I am a regular user of the children's centre for my little girl for weigh in clinic and stay and play. At one session the service reached out to over thirty plus children from varying backgrounds. This is a vital service for the community."

Around one-sixth of the respondents (16% of those providing comments, 56 respondents) expressed their view that children's centres offer vital support for vulnerable people and children, with examples of this including support that had been provided to those that have faced issues such as mental health conditions and post-natal depression.

Some (14%, 48 respondents) explicitly stated that the Council should retain early help services as they stand currently or that the Council should not be reducing services or closing centres, questioning the need to make any changes, with several expressing the view that the Council should not be reducing any services or closing any centres:

"I cannot support any proposal that includes closing Children's Centres. In rural areas these are a vital outreach to new mothers, in particular the access to midwives for first time mothers is crucial, as well as meeting other new mums and sharing concerns, worries and also joys. I honestly don't know what I would have done in the first year of my baby's life without our local children's centre."

"keep all the current children's centres open with drop-in service available and stay and play sessions and other activities going on there."

Around one-tenth (10%, 32 respondents) talked about the importance of children's centres in improving a child's life chances and development, often noting that children's centres improve a child's life chances by dealing with any issues early, and that they will therefore be able to thrive and get off to a steady start in life. Some discussed the wider lifelong and societal benefits that this will bring:

Early Help: Consultation Findings Report

"Families with young children need support. It is a major developmental stage for children and their parents need all of the support available to build the future generation as many of the conflicts and violent cultures we see, hear and live in are from children living in impoverished areas and who have disorganised attachments to their parents."

Similarly, a few respondents talked about impacts further down the line such as at school and when the individual joins the workforce.

A few (8%, 25 respondents) feel that children's centres need to reach more people and that their services should be available to all rather than limited to or targeted towards those deemed 'in need':

"It should not be closed to families who do not fit in the category or 'vulnerable'. As a middle class parent, I would not be entitled to any additional free support under many definitions but children's centres were and are invaluable for both of my children."

"Please don't only focus on vulnerable children and poor families. All new parents need help, especially where maternal mental health issues are at play – those are universal issues for which all should have easy access."

Others (around 6%, 20 respondents) noted that children's centres perform an important function in providing a social space for parents, allowing them to meet other parents with similar concerns and receive informal support, especially as having a new baby can be a lonely and isolating experience:

"Children's centres are one of the best ways to connect to local parents and to provide activities to do together. Community is key in helping parents not to feel lonely."

One stakeholder organisation further noted the impact centres can have on the wider family, and expressed their concern that issues will escalate in the absence of effective support, and therefore require more serious and costly intervention later on; this concern was also shared by four other respondents:

"This help is definitely given at a much earlier stage than it would be under any of your proposed models. It therefore prevents an escalation of issues and is therefore a financial saving to the authority and more importantly prevents families going into ruin. For example, giving support to a local family being evicted and made homeless; supporting families to come off benefits and return to work."

2.2.2 Improvements to existing services

Just under a third (30%, 99 respondents) made suggestions on improvements they would like to see to the current services. Most commonly, this concerned an expansion in the resources available within the service, which was mentioned by around one-tenth of respondents (11%, 38 respondents). Often these comments specifically mentioned funding:

"To better fund those services that are made available to families - not spreading itself so thinly that services are struggling."

In addition, a few individuals (4%, 14 respondents) talked about an expansion of resources but spoke specifically about particular sessions and activities they would like to see introduced or made more frequent.

Others (7%, 23 respondents) stated that they would like to see more pro-activity in engagement with families, and support being offered more quickly than is possible at the moment. A few (5%) would like to see more cohesion and communication across various services, sites and individuals, or expressed a desire to see the centres better integrated into the community:

"As a community representative, I believe that the centres & children services in general need to be more integrated with the community & be put to better use. There are several community companies / charities operating in Bucks that could offer real Early help to families & individuals. There needs to be more community cohesion!!"

Several (3%, 10 respondents) feel that further assistance should be available to those with specific needs:

"My disabled [young child] has been asked to leave his preschool after [a short period of time] there because they cannot fund his 1:1. There should be groups run for disabled children and their families to support them. Rainbows runs in Aylesbury but that is the only one."

One individual questioned how 'telling your story only once' would work in practice, with another disagreeing with the principle, preferring to tell their story directly:

"You say 'only tell a story once.' I don't like that I want workers to hear my story from ME. I want my voice heard, I don't want my story to become Chinese whispers."

2.2.3 Support must be local and accessible

Around a quarter of those providing comments (25%, 82 respondents) mentioned that key priorities should include accessibility of the support. Where this was expanded upon, individuals typically identified three different aspects to the broader issue of accessibility: the requirement for local support (noted by 33% of those mentioning accessibility, 27 respondents); ensuring the centres can reasonably be accessed by local residents using public transport (21%, 17 respondents); and appropriate opening hours (7%, 6 respondents). Around half of those discussing accessibility did not expand upon this.

Where comments were made around ensuring centres can reasonably be accessed by public transport, individuals often noted that some people without access to a car, particularly those in villages, could find it too difficult, time-consuming or costly to access a different centre in the event that their local centre closed, expressing scepticism that travelling elsewhere would be feasible:

"Improving access should bear in mind that some people don't drive or don't have access to a car. Closing children's centres but saying "oh you can come to [other children's centres]" doesn't work unless you can get there by car. Isolating new mothers is not helpful and children suffer."

Where comments concerned the importance of local services, in some cases this was because having a children's centre in their village was a vital source of support that would not otherwise have been reached:

"In a community with so many small towns and villages spread out, it is important to keep the currently available children's centre sites. I would not have been able to access as much early support post birth if it were not for the [local] centre being walking distance."

Additional comments in relation to the importance of local support concerned the value of a local centre in terms of developing a community feel and allowing local parents to meet and develop a network:

"I use the children centres stay and playgroups often, as I'm at home looking after my son. This service provides much needed interaction not only for my son but for myself during the week. If these groups were to go it would leave us very isolated in the community."

In other cases, comments in relation to the value of local support and the need for centres to be accessible by public transport expressed the view that many users of children's centres and the

Early Help: Consultation Findings Report

most vulnerable individuals are more likely to lack their own transport and are therefore more reliant on the ability to access services within walking distance:

“Access for the most vulnerable is intimately linked with local supply. If you close the local centres those who are most vulnerable will be left out because they tend to be less able to travel.”

Examples of comments concerning opening hours included the view that opening hours should be extended, particularly to allow support outside of Monday to Friday from 9am to 5pm, and also the need for clarity around opening hours.

2.2.4 Other points

Several individuals and stakeholders (5%, 16 respondents) expressed general agreement with the strategy; however, some of those questioned how the aims and principles of early help would work in practice with more limited funds, such as the following:

“We are supportive of the aspiration set out by the Council but concerned that it is within a context of reduced financial support.”

A few individuals (3%, 10 respondents) expressed concerns about combining and integrating services, particularly the potential to lose specialised support and staff, having the same services at the same sites for young children as well as teenagers with behavioural or other issues, and the potential for resources to be spread too thinly as a result.

Additionally, other respondents mentioned various issues outside of the scope of this consultation or outside the Council’s control (for example wider Council and central government spending); and a small number (2%, 5 respondents) expressed confusion about the information provided, in some cases seeking further information on the specific changes to be made.

3 Views on the Council's proposed options

The consultation sought separate feedback on each of the three options identified by the Council. For each option, an overview was given of what this would involve, with links available to further information. Respondents were then asked about the extent to which they agree or disagree with that option, and the impact they believe this would have on their family as well as families in Buckinghamshire in need of support. They were then asked to select their preferred option from the three provided by the Council, followed by two open response questions to capture any alternative ways the Council could provide early help services, and how the Council might deliver £3.1million in savings.

3.1 Option A: Current model (less 30-35% reduction across all services)

Under Option A, the current range of services would remain broadly the same. The current 35 children's centre buildings will be retained but with a 30-35% reduction in opening hours. This would also mean a 30-35% reduction in the following services:

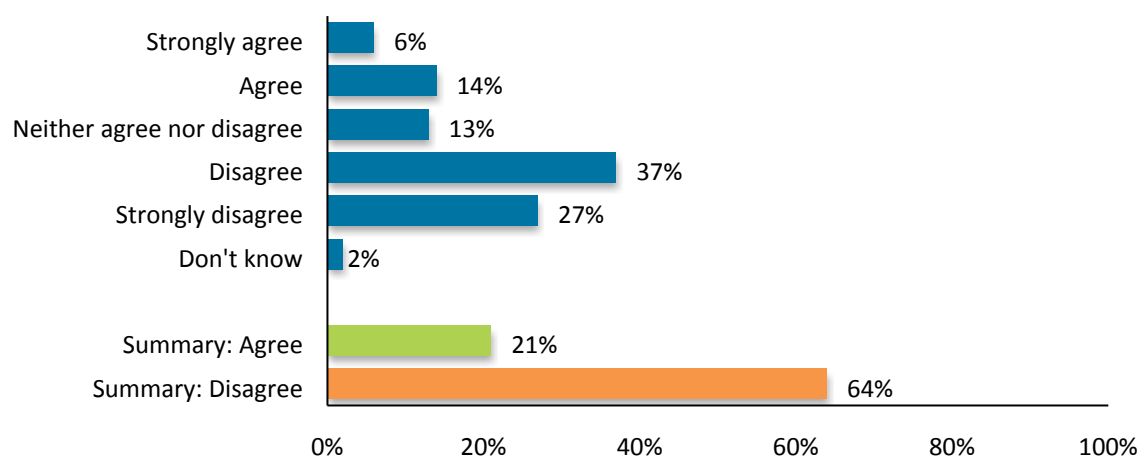
- Support for vulnerable children and families
- Youth services
- Bucks Family Information Service

Families who receive additional support through family resilience, for example, would also experience reductions in services. This is likely to mean that fewer vulnerable children receive support and there will be longer waiting times.

3.1.1 Level of agreement with Option A

The majority (64%) of respondents disagree with Option A for delivering an early help service, including a quarter (27%) who strongly disagree. Around a fifth (21%) agree, including 6% who strongly agree. An additional 13% neither agree nor disagree while 2% do not know.

Figure 4: To what extent do you agree or disagree with Option A for delivering an Early Help Service?



Q8. Single answer allowed. Sample base: 748

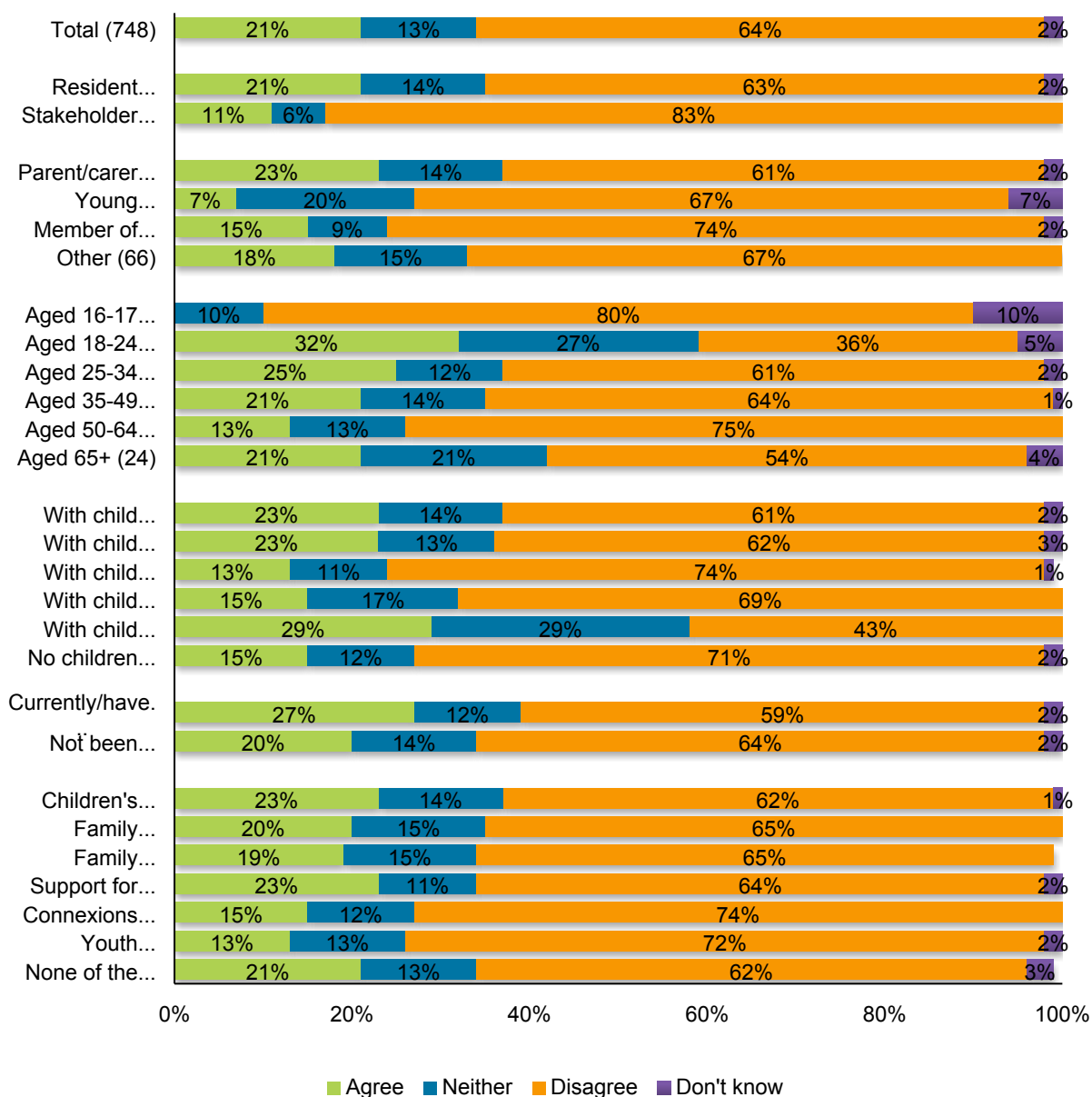
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Just over a fifth (21%) agree with Option A for delivering an early help service and agreement levels are significantly higher among parents/carers (23%), children centre users (23%), those

Early Help: Consultation Findings Report

aged 25-34 (25%), those who are currently pregnant or had been in the last year (27%), and those with a child under 5 (23%). While almost two-thirds (64%) of respondents disagree with Option A, this is significantly higher among stakeholders (83%) and 50-64 year olds (75%).

Figure 5: To what extent do you agree or disagree with Option A for delivering an Early Help Service? (by demographic and respondent groups of interest)



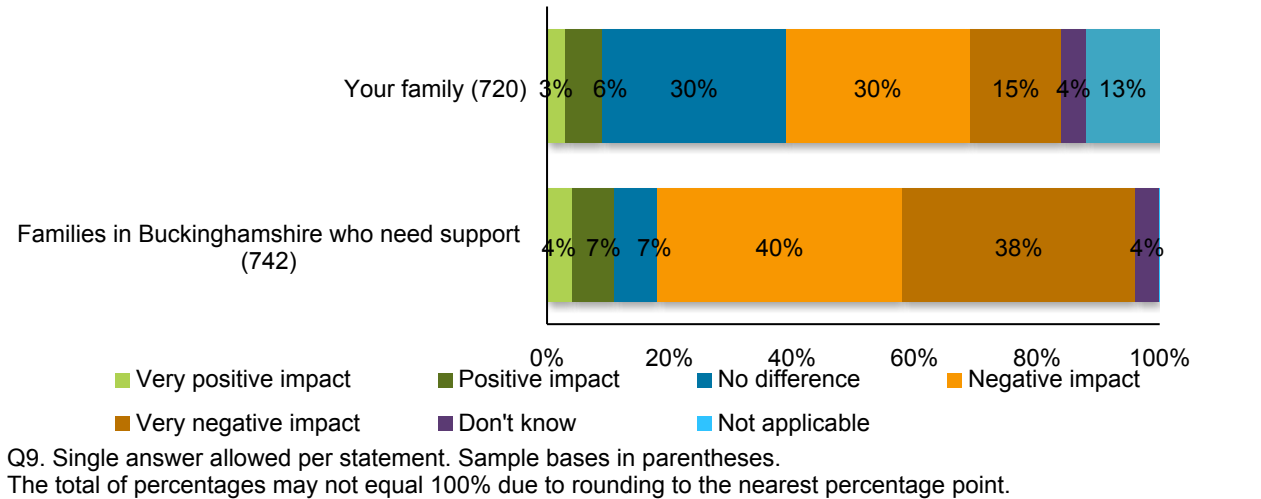
Q8. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.1.2 Impact of Option A

A very small proportion (3%) feel that Option A would have a very positive impact on their family, while an additional 6% believe it would have a positive impact. Around a third (30%) feel it would make no difference, and the same proportion (30%) think it would have a negative impact. A further 15% feel the impact would be very negative, while 4% do not know and 13% do not think this question is applicable to them.

Small proportions (4% and 7% respectively) feel that Option A would have a very positive impact on families in Buckinghamshire who need support, and 7% believe it would make no difference, while 40% think the impact would be negative and a similar proportion (38%) feel the impact would be very negative. An additional 4% do not know.

Figure 6: What level of impact do you think the Council selecting Option A would have on...

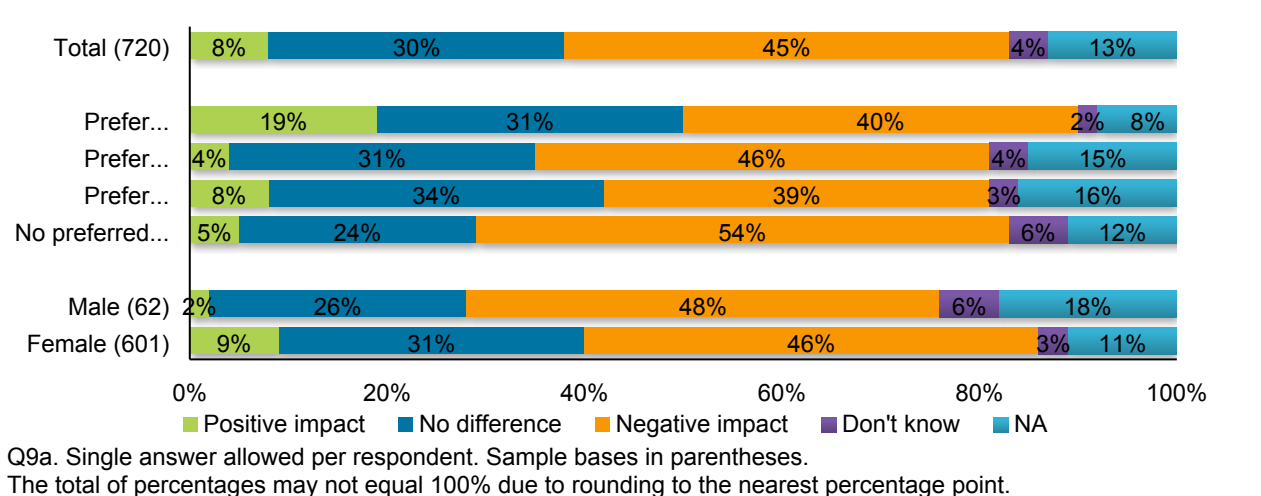


3.1.2.1 Impact on own family

Less than one-tenth (8%) of respondents feel that Option A would have a positive impact on their family, while almost half (45%) feel the impact would be negative. Even amongst those who later indicated that Option A is their preference of the options overall, less than one-fifth (19%) feel it would have a positive impact on their family, with 40% expressing the opposite view.

Women are significantly more likely to believe that it would have a positive impact on their family, but less than one-tenth (9%) expressed that view compared to only 2% of men.

Figure 7: What level of impact do you think the Council selecting Option A would have on your family? (by demographic and respondent groups of interest)



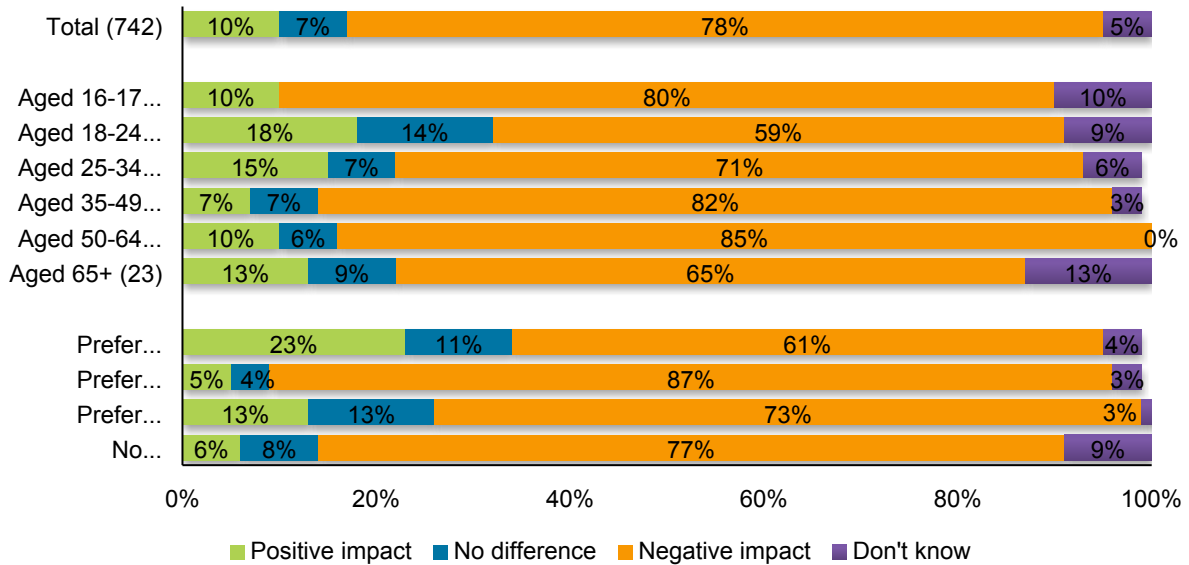
3.1.2.2 Impact on families in Buckinghamshire

Around one-tenth (10%) believe that the Council selecting Option A would have a positive impact on families in Buckinghamshire who need support, with over three-quarters (78%)

Early Help: Consultation Findings Report

expressing the opposite view. Those aged 25-34 are significantly more likely to believe this would have a positive impact than respondents on the whole, but only 15% of this group hold that view. Amongst those indicating that they prefer Option A of the three options presented, less than one-quarter (23%) believe this would be positive while the majority (61%) believe this would have a negative impact.

Figure 8: What level of impact do you think the Council selecting Option A would have on families in Buckinghamshire who need support? (by demographic and respondent groups of interest)



Q9b. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.2 Option B: Network of family centres – the Council's Preferred Option

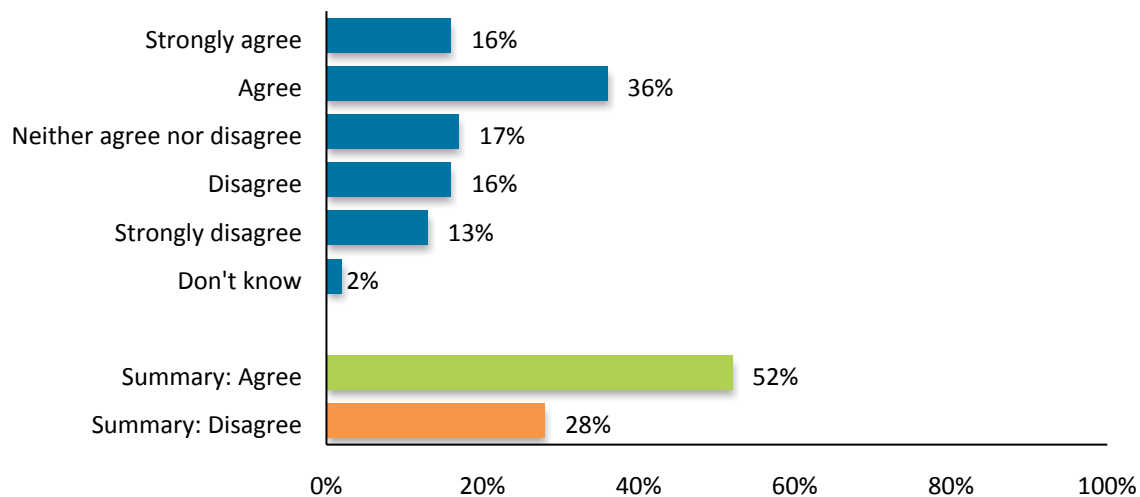
This is the Council's preferred option. Support for families will be delivered from 14 family centres that will provide a programme of activities for families with 0-19 year olds. Three of the centres (known as 'family centre plus') will also provide extra services where families can drop in to access support five days per week.

The family centres will continue to provide partner services e.g. health visiting. The family support teams will have a skills mix to ensure families get the right support at the right time. Families are supported by a lead practitioner who will work with the family, often in the home and coordinate the support families need to create a team around the family to help them tackle the issues they face.

3.2.1 Agreement with Option B

The majority (52%) of respondents agree with Option B for delivering an Early Help service, including 16% who strongly agree. Around a quarter (28%) disagree, including 13% who strongly disagree. Almost a fifth (17%) neither agree nor disagree with Option B, while 2% do not know.

Figure 9: To what extent do you agree or disagree with Option B for delivering an Early Help Service?



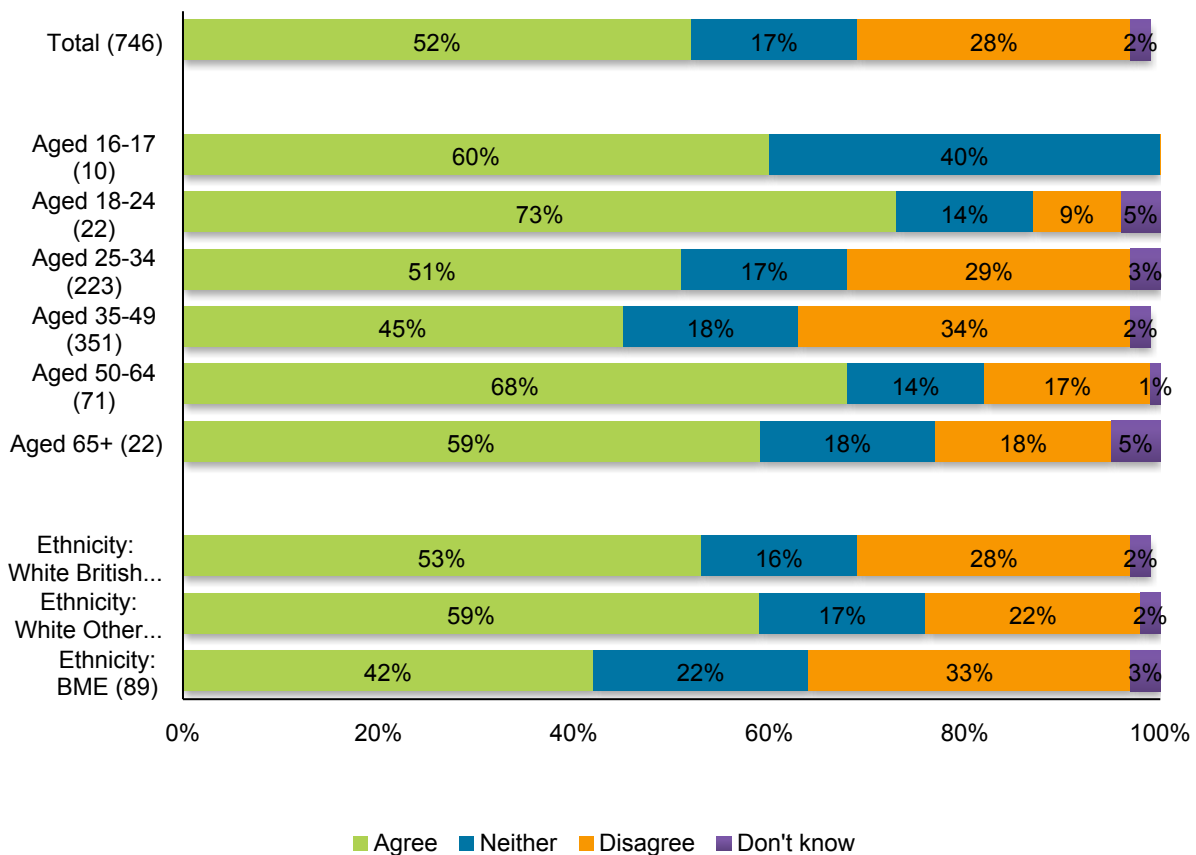
Q10. Single answer allowed. Sample base: 746

The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Early Help: Consultation Findings Report

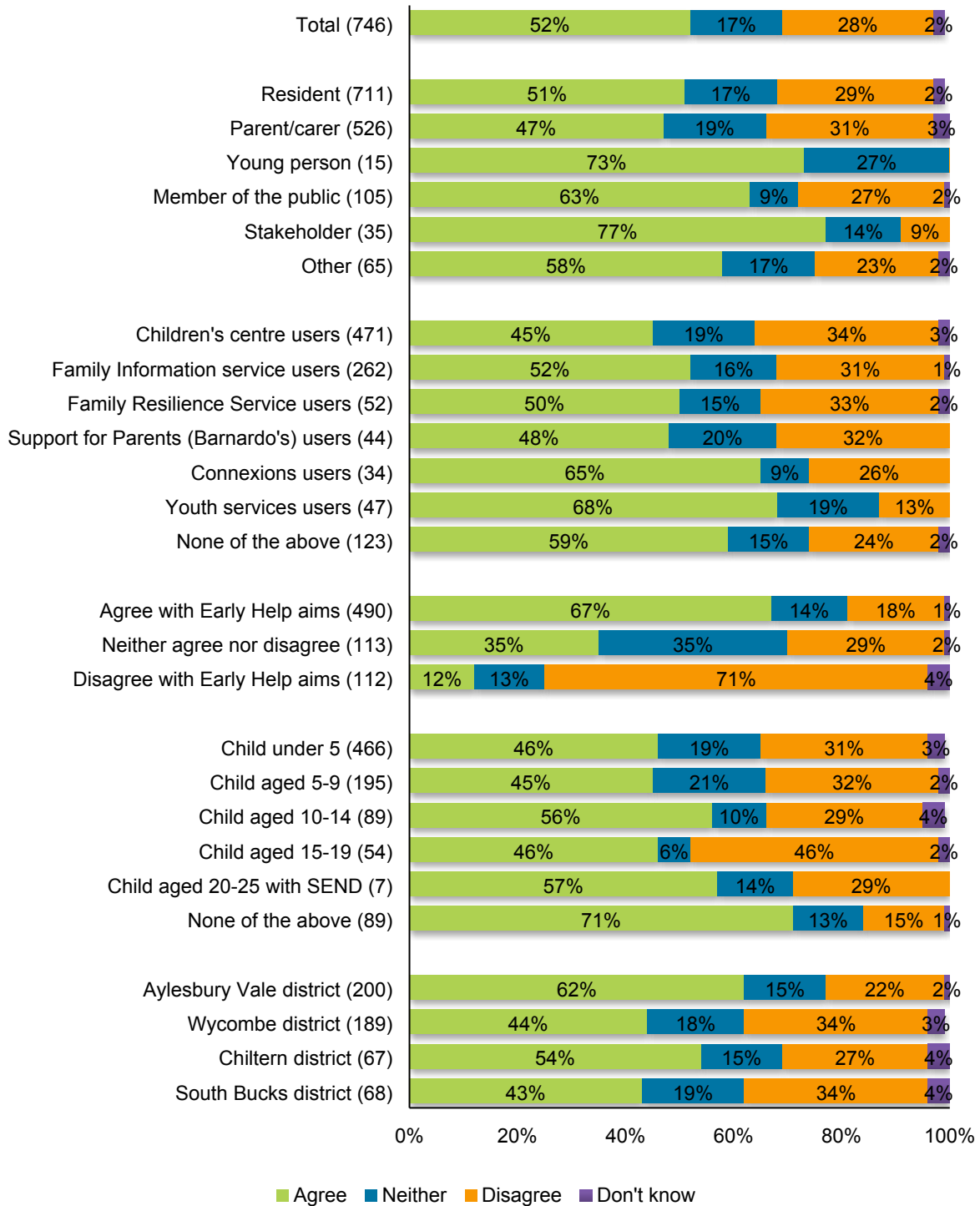
Overall, just over half (52%) agree with Option B for delivering an Early Help service, while just over a quarter (28%) disagree. Levels of agreement with this are significantly higher among those aged 50 to 64 (68%), Youth Services users (67%), and those living in the Aylesbury Vale district (62%). Levels of agreement are significantly lower than average amongst those aged 35 to 49 (45%), children’s centre users (45%), members of ethnic minority groups (42%), those with children under 5 (46%), those with children aged 5-9 (45%), and those living in the Wycombe district (44%). In all of these groups, the proportion in agreement with Option B for delivering Early Help remained higher than the proportion expressing the opposite view. Additionally, over three-quarters of stakeholders (77%) agree with Option B compared with around half (51%) of residents.

Figure 10: To what extent do you agree or disagree with Option B for delivering an Early Help service? (by respondent group)



Q10. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Figure 11: To what extent do you agree or disagree with Option B for delivering an Early Help service? (by other factors)



Q10. Single answer allowed per respondent. Sample bases in parentheses.
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.2.2 Impact of Option B

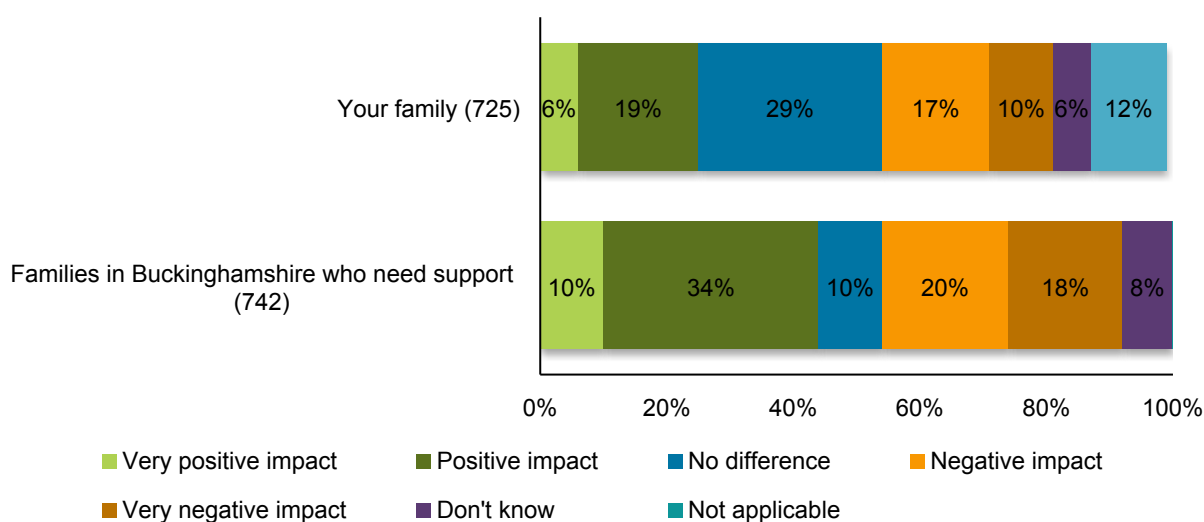
Around a quarter (25%) believe that the Council selecting Option B would have a positive impact on their family, while just over a quarter (28%) stated the opposite.

Early Help: Consultation Findings Report

Those who believe that the Council selecting Option B would have a positive impact on their family include 6% who think it would have a very positive impact. Almost a third (29%) feel it would make no difference, while 17% think it would have a negative impact, and 10% believe selecting Option B would have a very negative impact. An additional 6% do not know, and 12% stated that the question was not applicable to them.

One-tenth (10%) believe that the Council selecting Option B would have a very positive impact on families in Buckinghamshire who need support, while an additional third (34%) think it will have a positive impact. 10% feel it would make no difference, while a fifth (20%) feel it will have a negative impact, and a similar proportion (18%) stated that the impact would be very negative. A further 8% do not know.

Figure 12: What level of impact do you think the Council selecting Option B would have on...



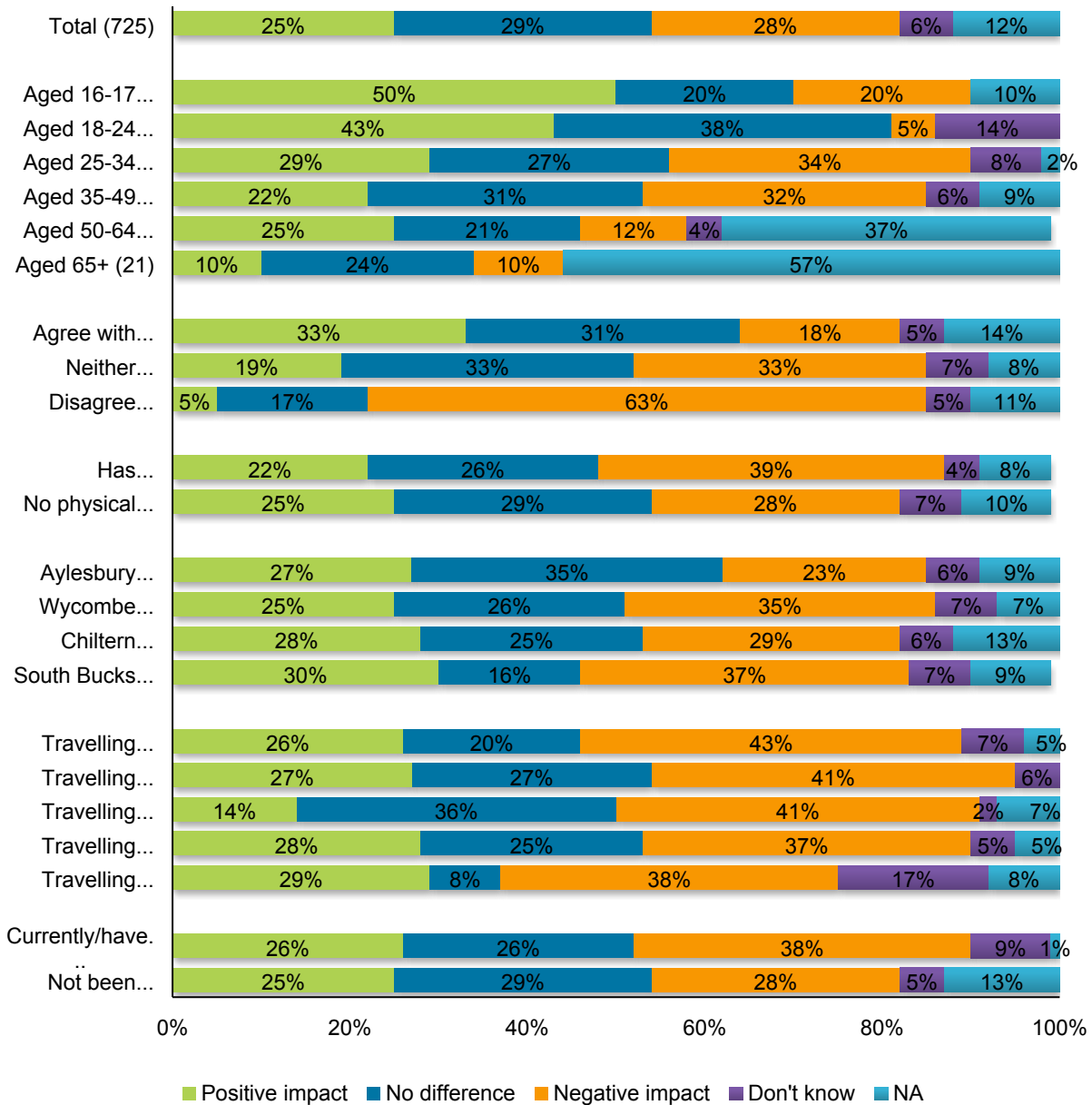
Q11. Single answer allowed per statement. Sample bases in parentheses.
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.2.2.1 Impact on own family

The proportion of those expressing the view that Option B would have a negative impact on their family is higher amongst those with physical or mental health issues (39%), Wycombe district residents (35%), those travelling under a mile to their furthest children's centre (43%), those travelling between 1 and 3 miles to their furthest children's centre, and those travelling 3-5 miles to their furthest children's centre (both 41%). Additionally, those aged 25-34 are significantly more likely to state this will have a negative impact, with 34% expressing that view, while 32% of 35-49 year olds also share that opinion, alongside 38% of those who are currently pregnant or have been in the last year. It should be noted that all three groups are more likely to see this question as applicable to them.

Those in agreement with the aims of early help as set out in the consultation are significantly more likely to believe Option B would have a positive impact on their family, with a third (33%) expressing that view. Amongst those who disagree with the aims for early help, a majority (63%) believe Option B would have a negative impact on their family, with only 5% expressing the opposite view.

Figure 13: What level of impact do you think the Council selecting Option B would have on your family? (by demographic and respondent groups of interest)



Q11a. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.2.2.2 Impact on families in Buckinghamshire

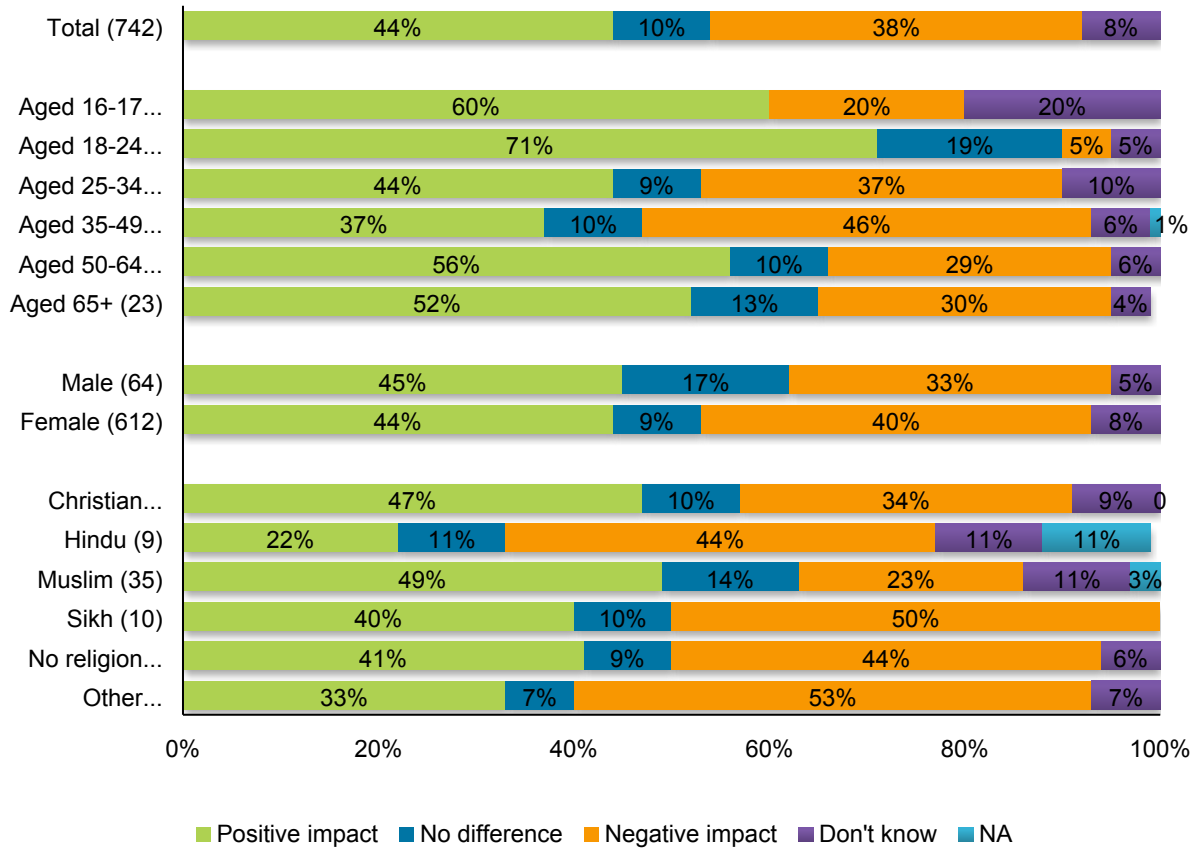
Overall, a higher proportion of respondents believe that the Council selecting Option B would have a positive impact on families in Buckinghamshire who need support than believe the opposite (44% cf. 38%). Stakeholders are significantly more likely to believe this would be positive, with 69% expressing that view compared to 38% of parents and carers; 42% of the latter group expressed the opposite opinion.

The proportion of those who expressed the view that Option B would have a positive impact on families in Buckinghamshire is significantly higher among those aged 50-64 (56%), Youth Services users (59%), and those residing in the Aylesbury Vale district (56%).

Early Help: Consultation Findings Report

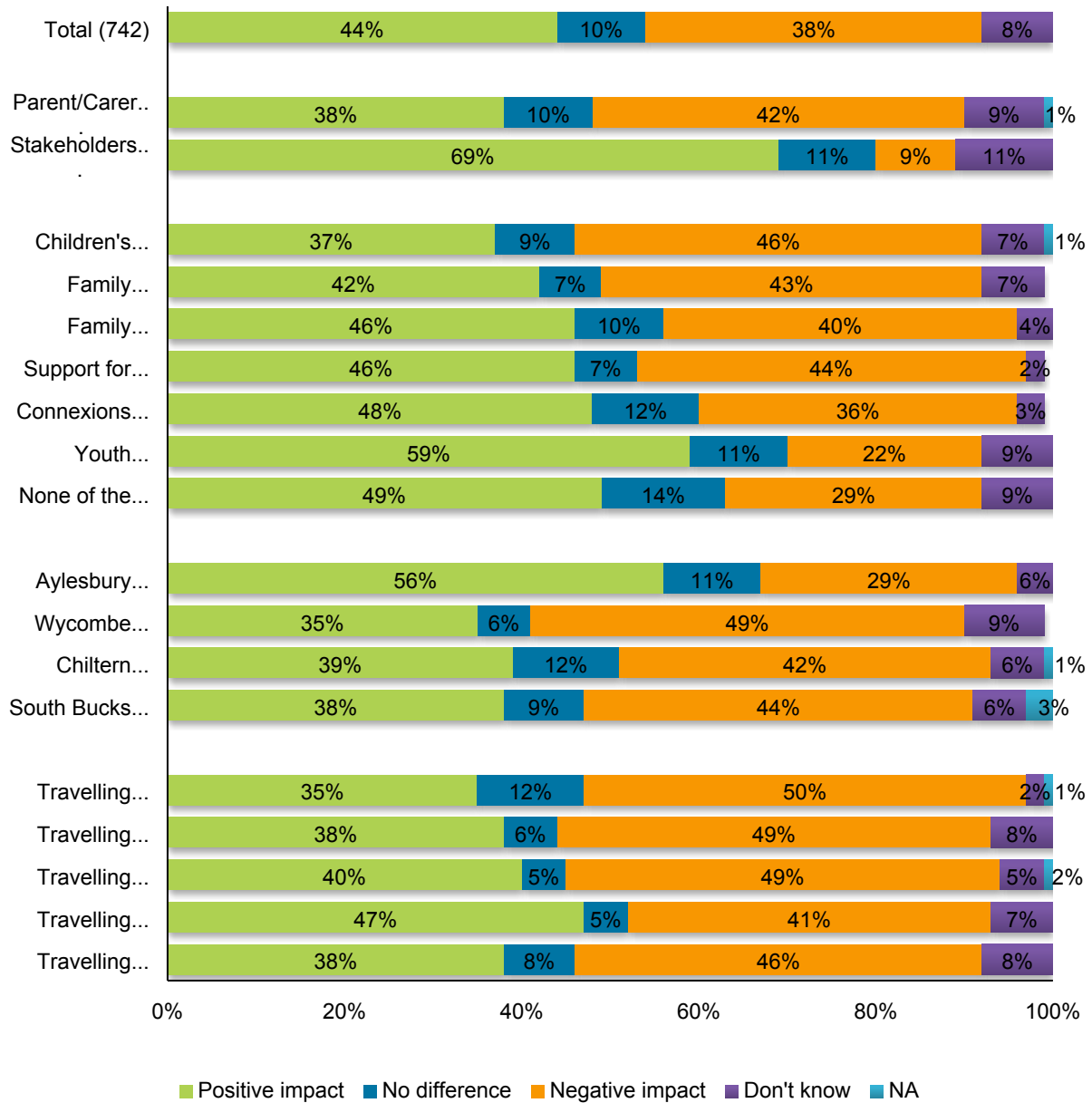
Conversely, whereas 38% of respondents overall believe Option B would have a negative impact on families in Buckinghamshire, this is significantly higher among those aged 35-49 (46%), children’s centre users (46%), women (40%), those residing in the Wycombe district (49%), those travelling less than a mile to the furthest children’s centre that they use (50%), those travelling between 1 and 3 miles to their furthest children’s centre (49%), and those of no religion (44%).

Figure 14: What level of impact do you think the Council selecting Option B would have on families in Buckinghamshire who need support? (by demographic groups)



Q11b. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Figure 15: What level of impact do you think the Council selecting Option B would have on families in Buckinghamshire who need support? (by other factors)



Q11b. Single answer allowed per respondent. Sample bases in parentheses.
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.3 Option C: Area-based family outreach model

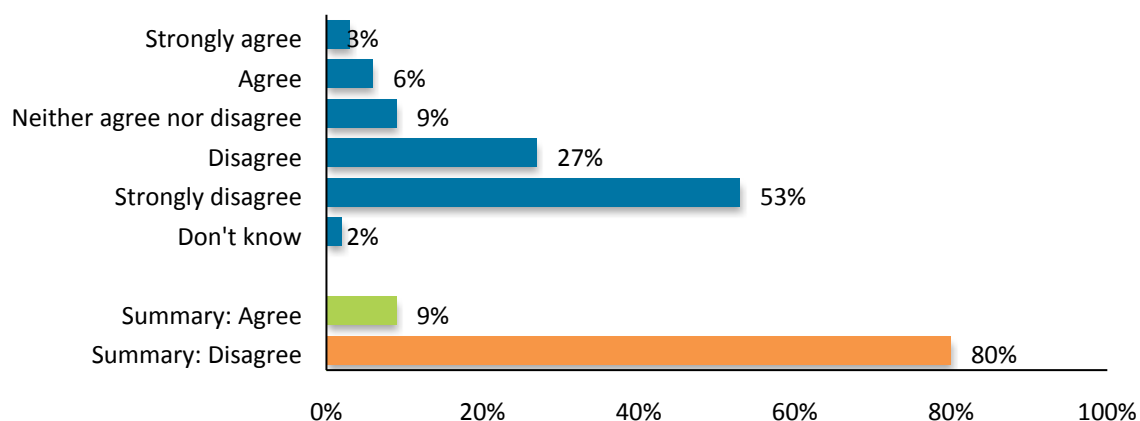
This will provide a new integrated service to support families with children 0-19 years old. The Council services will be focused on targeted work with families only. There would be three area teams working from office bases, but these would not be open to the public. This means family support being provided at the family’s home, in school and at local places like libraries and community centres.

There will be no universal provision and no children’s centres would be retained by the County Council.

3.3.1 Agreement with Option C

Around four-fifths (80%) of respondents disagree with Option C as a model for delivering an Early Help service, including over half (53%) that strongly disagree. Less than one-tenth (9%) agree with Option C, with 3% strongly agreeing. Around one-tenth (9%) neither agree nor disagree, while 2% do not know.

Figure 16: To what extent do you agree or disagree with Option C for delivering an Early Help Service?



Q12. Single answer allowed. Sample base: 743
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

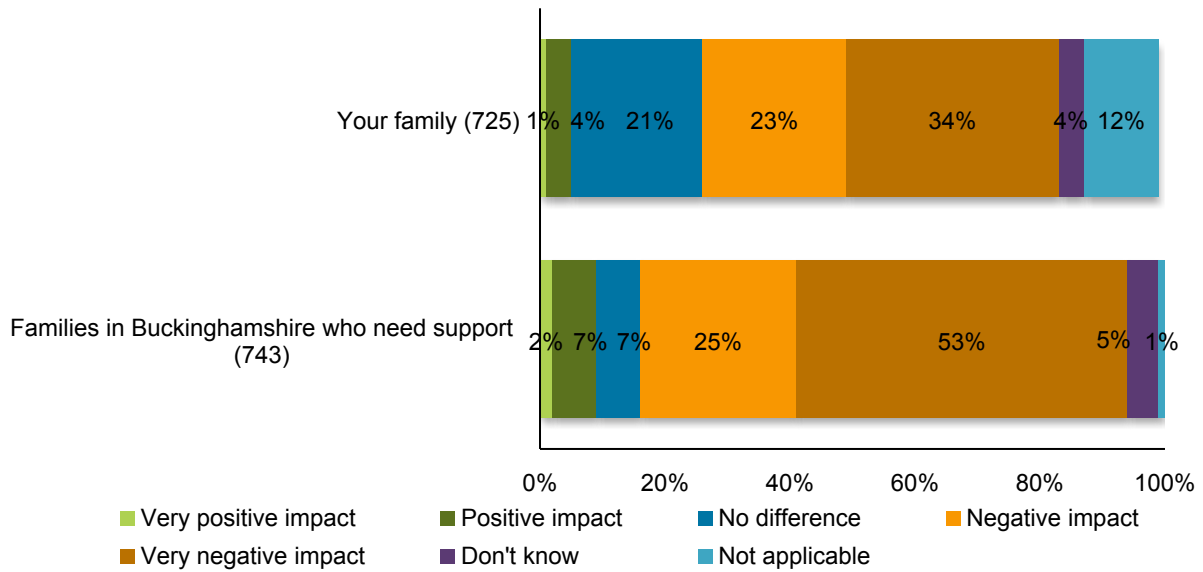
Given the high proportion of respondents who disagree with Option C, levels of disagreement across respondent groups and demographics are mostly consistent, with very few significant areas of difference.

3.3.2 Impact of Option C

A small proportion (5%) of respondents believe that Option C would have a positive impact on their family, with 1% feeling this would have a very positive impact. A majority (57%) feel this would have a negative impact, including a third (34%) thinking this impact would be very negative. A fifth (21%) feel it would make no difference to their family, while 4% do not know and 12% feel the question is not applicable to them.

Over three-quarters (78%) of respondents feel that Option C would have a negative impact on families in Buckinghamshire who need support, including a majority (53%) believing this impact would be very negative. Around one-tenth (9%) feel the impact would be positive, including 2% thinking it would be very positive. 7% believe it would make no difference, 5% do not know, and 1% feel this is not applicable.

Figure 17: What level of impact do you think the Council selecting Option C would have on...



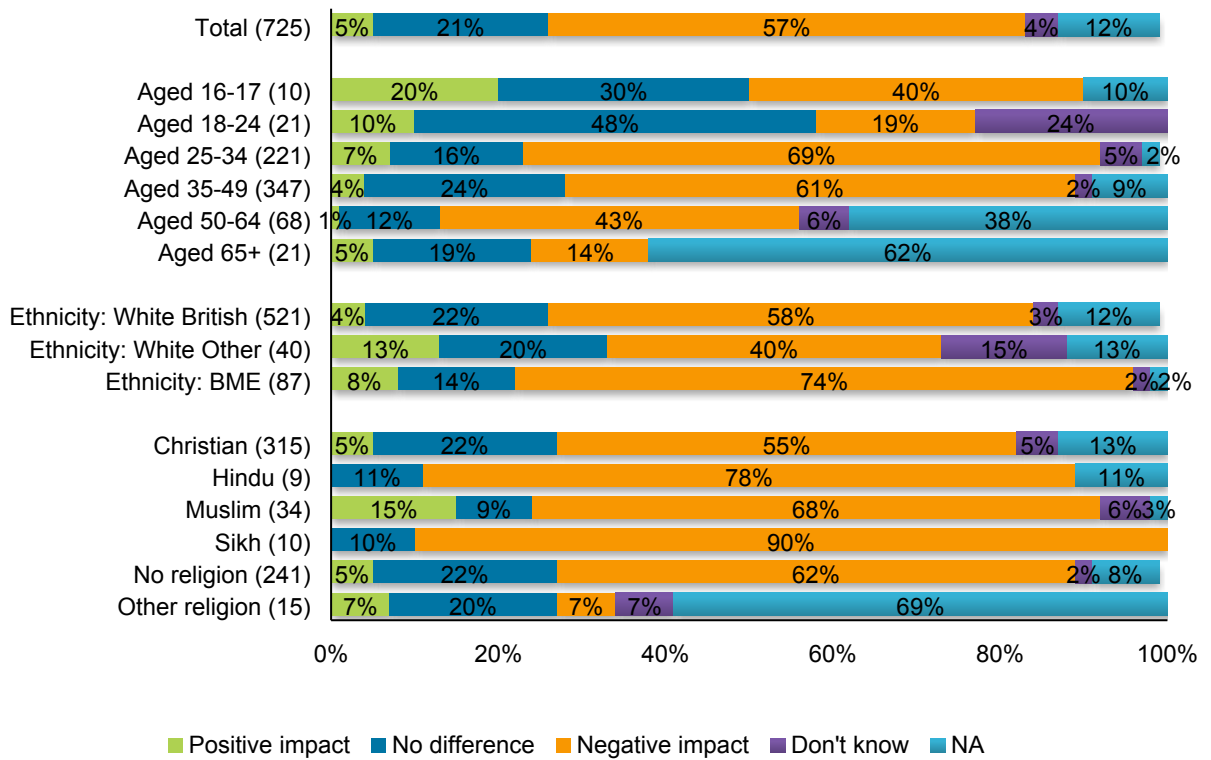
Q13. Single answer allowed per statement. Sample bases in parentheses.
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.3.2.1 Impact on own family

The tendency of individuals to believe Option C would have a negative impact on their family is consistent across all demographic groups. Particularly, large majorities of those aged 25-34 (69%), children’s centre users (72%), those with children under 5 (70%), and those who are currently or have been pregnant within the last year (77%) are of this view, likely because these groups are more likely to be personally affected than most other groups; the proportion of those feeling that the question is not applicable to them would support this interpretation.

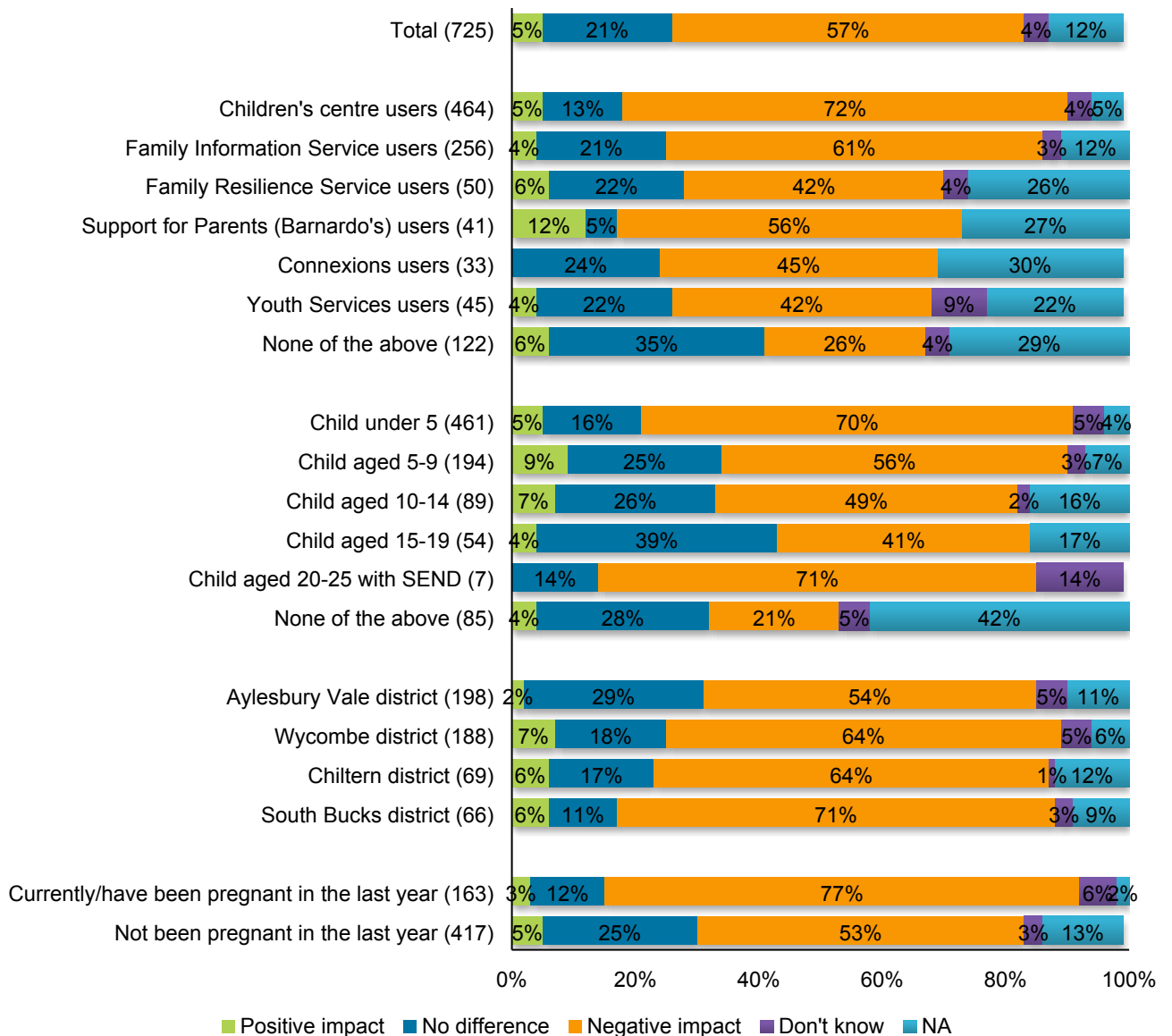
The proportion of those who believe Option C would have a negative impact on their families is also significantly higher than the average amongst those aged 35-49 (61%), members of an ethnic minority (74%), South Buckinghamshire district residents (71%), Wycombe district residents (64%), and those of no religion (62%).

Figure 18: What level of impact do you think the Council selecting Option C would have on your family? (by demographics)



Q13a. Single answer allowed per respondent. Sample bases in parentheses.
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Figure 19: What level of impact do you think the Council selecting Option C would have on your family? (by other factors)

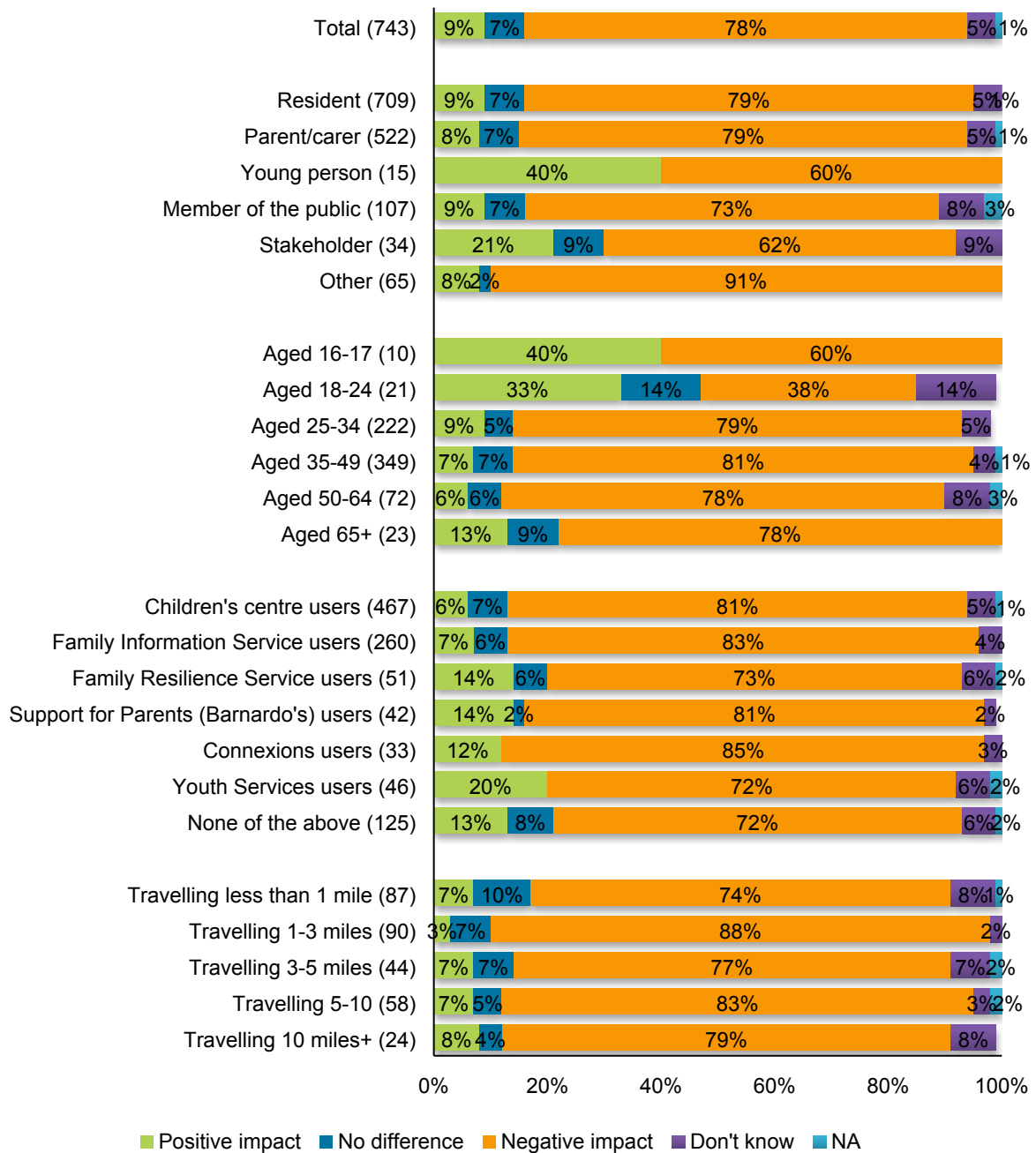


Q13a. Single answer allowed per respondent. Sample bases in parentheses.
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.3.2.2 Impact on families in Buckinghamshire

While a large majority of all demographic groups believe Option C would have a negative impact on families in Buckinghamshire who need support, this is particularly strong among those aged 35-49 (81%), children's centre users (81%), and those who travel 1-3 miles to visit their furthest children's centre (88%). While around four-fifths of parents (79%) believe Option C to be negative in this regard, only 62% of stakeholders hold the same view.

Figure 20: What level of impact do you think the Council selecting Option C would have on families in Buckinghamshire who need support? (by demographic and respondent groups of interest)

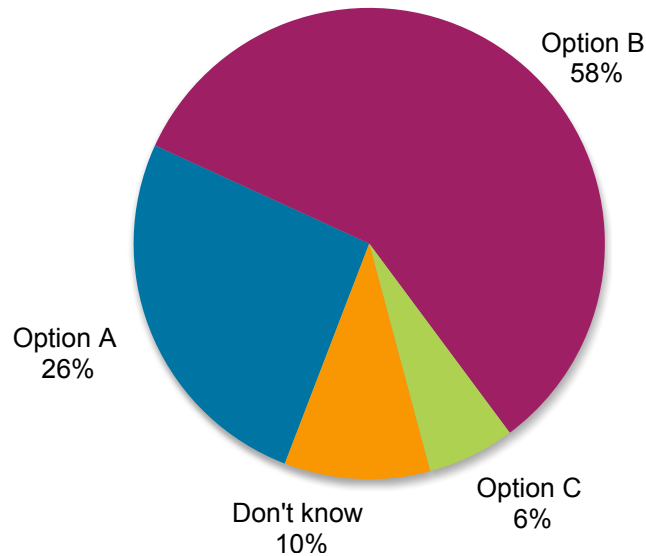


Q13b. Single answer allowed per respondent. Sample bases in parentheses
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.4 Preferred options

When asked, a majority (58%) of respondents prefer Option B out of the three options presented within the consultation, while around a quarter (26%) prefer Option A and 6% selected Option C. A further 10% said they do not know. It should be noted that there was no option to select 'none of the above' or an alternative option within this specific question, as the Council was keen to understand respondent's preferences out of the viable options for change; instead respondents were able to skip the question (17 chose to do this), and an open response question was included to capture views on alternative ways the Council could provide early help services.

Figure 21: Of the options presented, which is your preferred option?



Q14. Single answer allowed. Sample base: 740

The total of percentages may not equal 100% due to rounding to the nearest percentage point.

The following sections further explore these preferences based on respondent groups and demographics. Due to the very low proportion of respondents who selected Option C as their preference, most of these comparisons focus on where Options A or B is the preferred option.

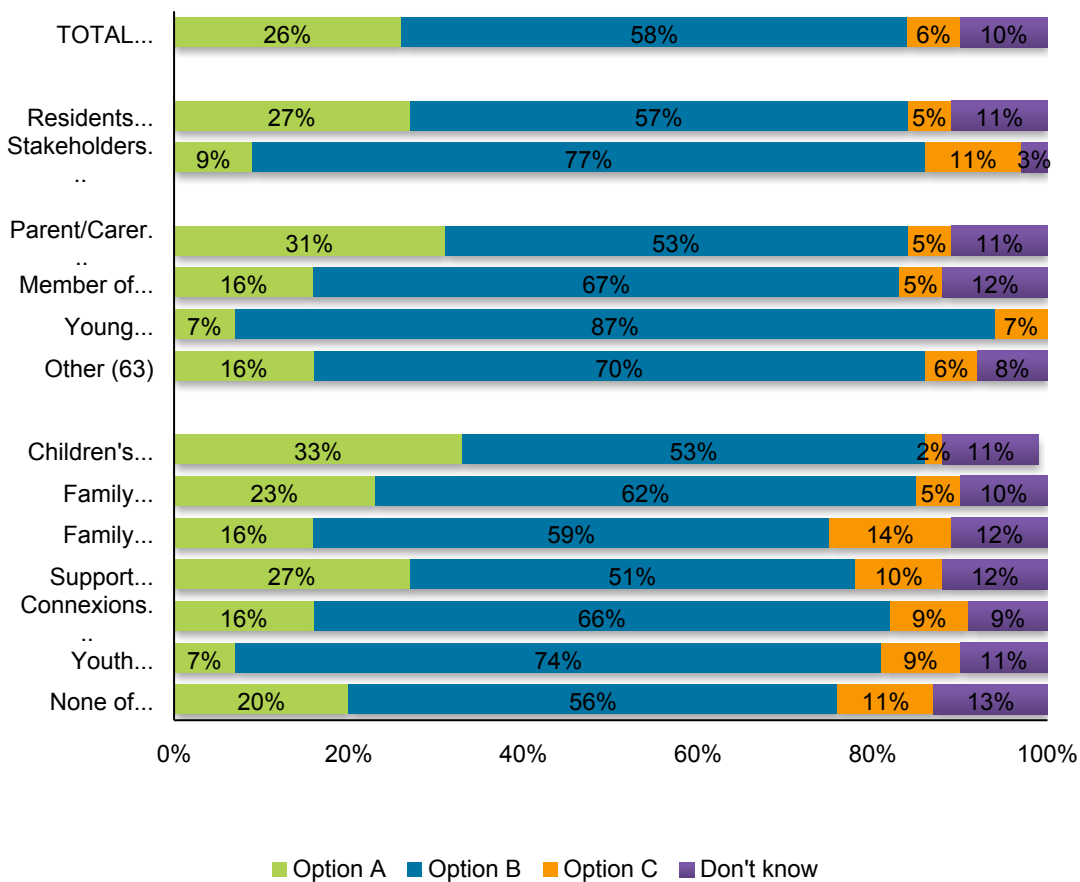
3.4.1 Option preference by respondent group

Whilst Option B is the preferred option amongst all respondent groups, residents and particularly parent/carers are significantly more likely than others to prefer Option A (27% and 31% respectively). Respondents are also significantly more likely to prefer Option A if they were children’s centre users (33%), as such this group are less likely to be supportive of Option B overall (53%).

Stakeholders and wider members of the public are more likely to prefer Option B (77% and 67% respectively).

Whilst Option C is unpopular across all demographic groups, Family Resilience Service users and non-users of early help services are more likely to prefer this (14% and 11% respectively).

Figure 22: Option preferred by respondent group

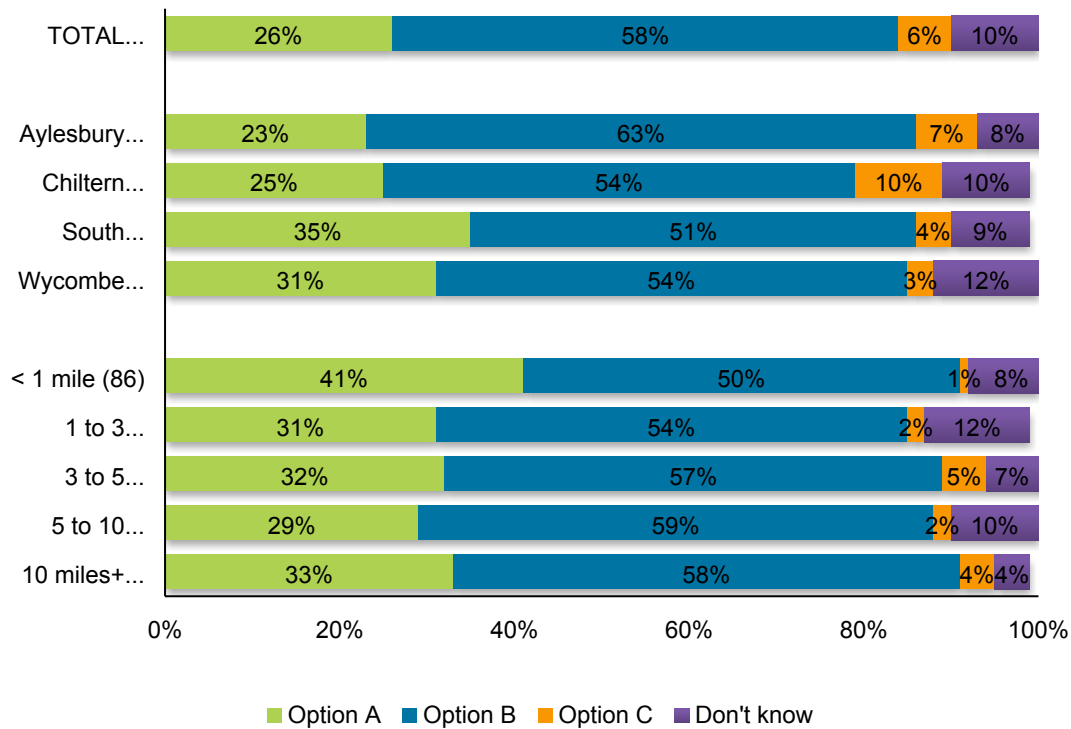


Q14. Figures shown are the proportion of each category preferring Option A. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.4.2 Option preference by district lived in and distance travelled to furthest children's centre

There are no significant differences identified between the district lived in and likelihood to support the different options. However, those who travelled less than one mile to their furthest children's centre are significantly more likely to support Option A (41%).

Figure 23: Option preferred by district lived in and distance travelled to furthest children's centre

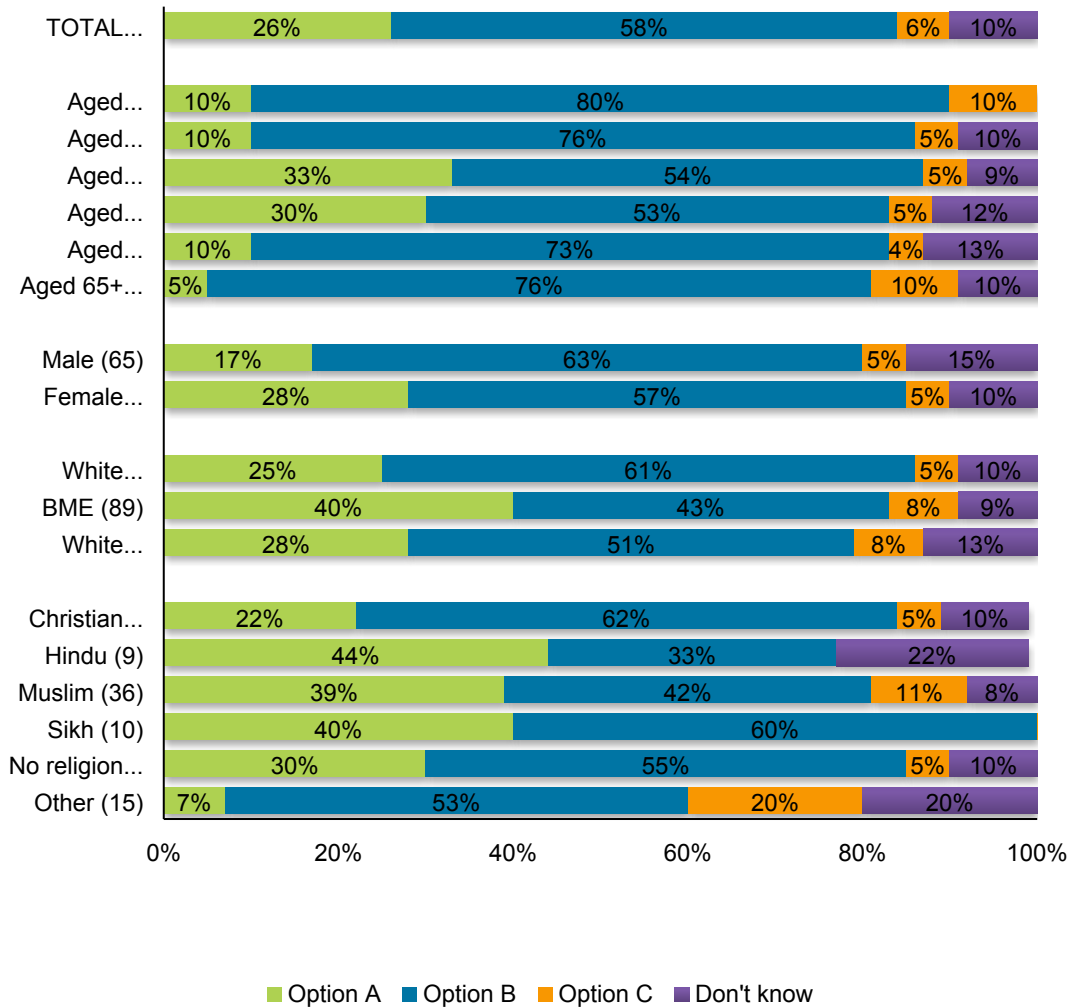


Q14. Figures shown are the proportion of each category preferring Option A. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.4.3 Option preference by demographics

Again, whilst Option B is the preferred option amongst all respondent groups (except Hindus where a very small base size applies), some significant differences are identifiable by demographics. Respondents are significantly more likely to prefer Option A if they are: aged 25 to 34 or 35 to 49 (33% and 30% respectively); female (28%); or from a BME background (40%). Those identifying as Christian are significantly more likely to prefer Option B, with 62% doing so, while Muslims are significantly less likely to prefer Option B (42%).

Figure 24: Option preferred by respondent group

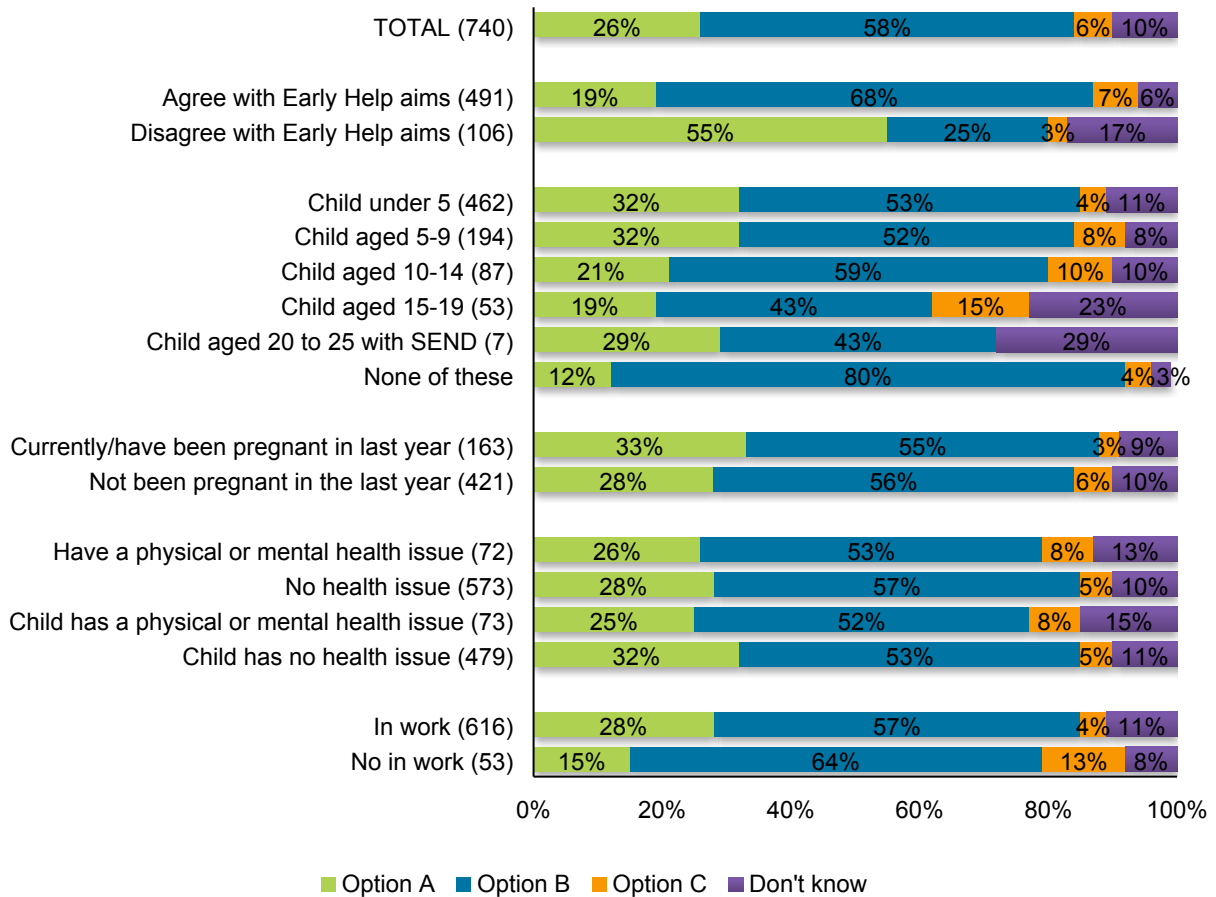


Q14. Figures shown are the proportion of each category preferring Option A. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.4.4 Option preference by other factors

When other wider factors are taken into consideration, whilst Option B is the overall preference, Option A is more likely to be the preference when: the respondent does not agree with the Council's aims for Early Help (55%); if they have a child under 5 or aged 5 to 9 (32% for each); if the respondent is currently or has been pregnant in the last year (33%); or if the respondent is currently in work (28%).

Figure 25: Option preferred by other factors



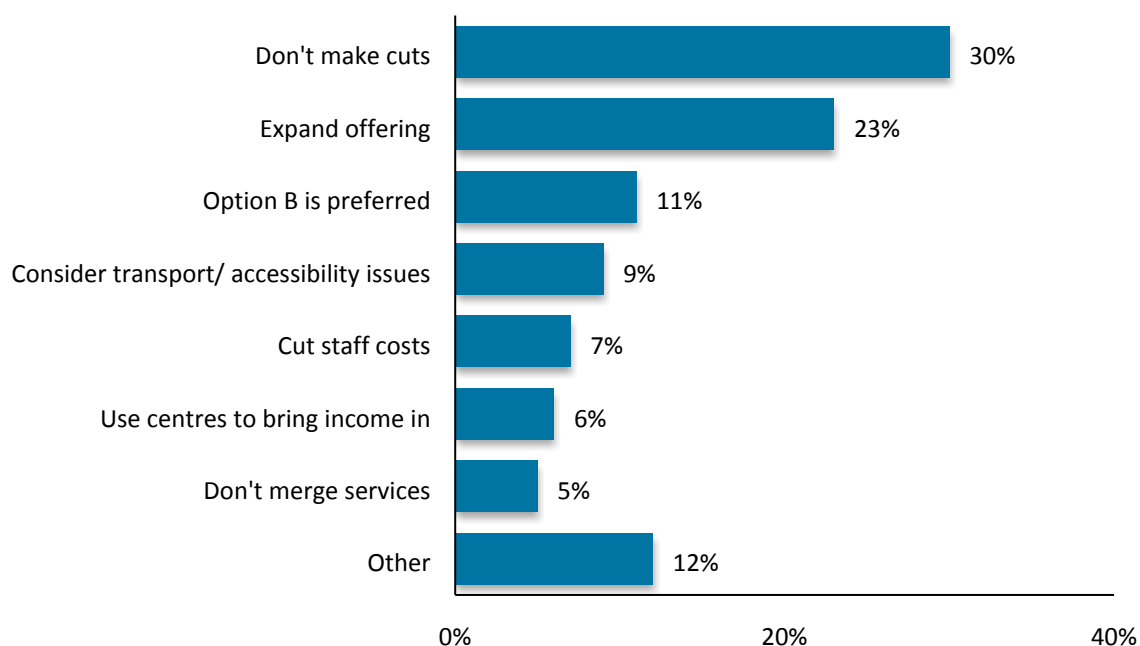
Q14. Figures shown are the proportion of each category preferring Option A. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

3.5 Alternative suggestions

3.5.1 Alternative ways to deliver early help

After being asked for their views on the three options put forward by the Council, respondents were asked about any suggestions for alternative ways that the Council could provide early help services not described within the three options. 265 respondents provided comments – the key themes are summarised below.

Figure 26: Do you have any suggestions for alternative ways that the Council could provide early help services not described in options A, B, or C?



Q19a. Open text response, subsequently coded into categories. Comments may fall into several categories. Sample base: 265

Many (30%, 80 respondents) expressed the view that the Council should not be making cuts to early help services, typically feeling that the Council should simply retain the existing services and make no changes, in some cases making a clear plea to 'keep the children's centres open'. Where individuals elaborated on their reasoning, some talked about the support offered by the current early help system, the importance of having somewhere to go locally to receive support and somebody to talk to, and that any cuts or changes to service offering will affect vulnerable or less affluent people and families. Other examples of comments raised include references to new housing developments in the county, believing that maintaining services will be important due to the demand generated, with a couple noting that the Council will generate funds through council tax on these additional properties. A few (2%, 6 respondents) argued that making changes would simply create additional workload for other areas, or that problems would escalate and require more costly intervention at a later stage.

One respondent evidenced the volume of support for maintaining the current level of centres and services by sharing a petition conducted between October 2017 and January 2018 which obtained over 3,000 signatures in opposition to the Council's previous proposal to replace the 35 children's centres with 9 hubs.²

Other respondents (23%, 60 respondents) believe that the Council should not just maintain the current offering, but expand upon it. Where individuals went into more detail on this, several (4%, 10 respondents) expressed the view that more support should be continued later on in life as support may appear to 'expire' at a certain age and needs may therefore not be dealt with. Other examples of comments around expanding service offering queried whether the charitable and voluntary sector could do more to provide services and particularly 'fill in the gaps' if Council provision at a particular centre were to be decreased or cease altogether.

² The petition can be found here <https://you.38degrees.org.uk/petitions/save-buckinghamshire-s-children-s-centres>

Where respondents used this question to state their preferred option and their reasoning, this was most commonly in support of Option B (11%, 28 respondents did so). In some cases this was with a caveat, with examples including further training being required, or suggesting locally-specific tweaks to the proposed geographic spread of the sites – expressing concern about 'gaps' in service offering in certain areas (particularly the north of the county) leaving residents there without local services. Where individuals explained their support for Option A, this was often because of a desire to retain some local presence so that people would have somewhere to access services, and that keeping the centres open was important in case further funding became available in the future so services can be 'scaled-up':

*"Every effort should be made to keep ALL the children's centre's open even if this means *temporarily* reducing the service... once the centres are closed they'll be gone forever, keep them open with a view to increasing services again when more money is available."*

Some (9%, 24 respondents) specifically noted the importance of transport issues, especially the concern that those living in rural areas would struggle to access services if their local centre were to close. Examples of this include: the concern that service users often lack access to their own transport – some respondents noted their own lack of transport - and public transport connecting them with a different centre may be limited and inconvenient; the importance of local services in reaching people in their vicinity and making sure people use the services and help available to them; and the possibility of utilising council-run minibuses to connect residents with local centres.

Several comments (7%, 19 respondents) concerned cutting staffing costs. Often this was not expanded upon, but where respondents were more specific, in many cases their view was that pay for senior staff and directors should be cut, while others advised pay cuts for all staff or pay cuts based on performance, and a few suggested that the Council should employ fewer staff.

Several respondents (6%, 16 respondents) feel that the children's centres could be used to provide income. Examples of this include: renting out the space to private organisations and individuals; charging a small fee for services, with some suggesting such a charge would be means-tested; and a further comment recommending the Council looks at sponsorship opportunities from businesses related to children, education, food and exercise. Similarly, others (5%, 12 respondents) expressed the view that money could be raised to expand or maintain provision through obtaining funds from central government, raising council tax, or using the Council's reserves.

A handful of respondents (5%, 12 respondents) expressed the view that merging services would be a mistake, with examples of this including the concerns that specialisation would be lost, and that merging children's centre services with targeted services aimed at older children would be a mistake due to the issues around safety and the need for the centres to provide a comfortable environment.

A small number of others (3%, 9 respondents) feel that any decisions on changes to early help should be delayed until the new Unitary Council takes effect, often noting that this is expected to save around £18million per annum and suggesting that part of this money be used for early help services:

"I am not selecting any options because I don't think such a big decision should be made until the new unitary is formed when we will have a clearer idea of resources available."

It should be noted, however, that the announcement regarding the Unitary Council came during the middle of the consultation period, after many individuals had already submitted their response.

Early Help: Consultation Findings Report

Examples of other comments given include whether the voluntary sector could be used to increase provision, or the desire for a solution involving various elements of more than one option, such as a blend between Option A and Option B to maintain some presence and support across all areas, or incorporating elements of Option C in using teams to perform outreach work inside communities lacking local centres. Other respondents feel that none of the options were appropriate:

"The three options are wholly inadequate. All the options are bad for families and the communities you pretend to serve."

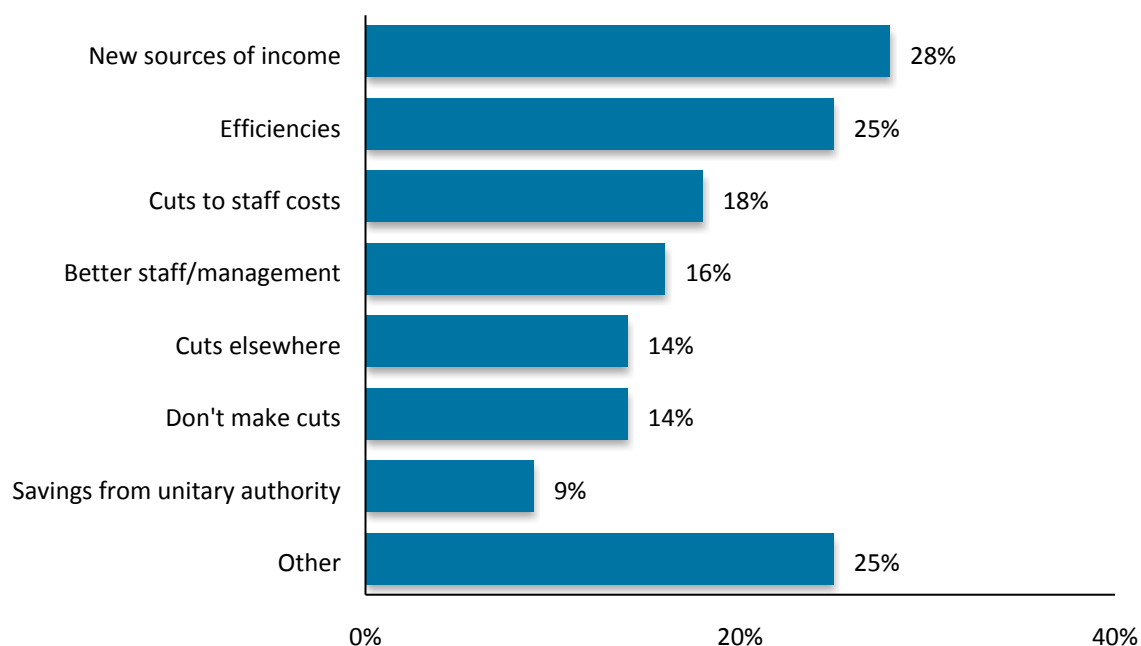
3.5.2 Alternative ways to make savings

Respondents were also asked for their suggestions on alternative ways that the Council can deliver £3.1 million in savings per annum. 304 provided comments, although several questioned why this was asked of the public, or felt that they wouldn't be able to answer:

"This is not an area that I feel I can comment on, as I have no idea how much things cost to run and how many provisions the County fund."

The key themes are summarised below.

Figure 27: Do you have any suggestions for alternative ways that the Council can deliver £3.1million in savings per annum?



Q19b. Open text response, subsequently coded into categories. Comments may fall into several categories. Sample base = 304

Many (28%, 85 respondents) raised the possibility of the Council obtaining additional funds as an alternative to cutting the early help budget. Among the suggestions raised were: renting out children's centre buildings (or spaces within them); charging a small fee for certain sessions or asking for donations; obtaining further funds from central government; raising council tax; raising income through various taxes or charges; and bringing new business into the county. Where respondents expressed support for renting out children's centre buildings, they often feel that children's centres would be a particularly appropriate venue for certain events such as children's birthday parties due to the toys available. In relation to comments about a small charge for certain sessions or services, some respondents suggested this be on a voluntary

basis, while others were not specific, and a few suggesting this charge be applied to specific sessions, or means-testing this in some way. Where raising council tax was mentioned, these comments often specifically referred to wealthier people and more expensive houses. A few feel that the Council should either simply 'refuse' to accept cuts or apply pressure on the government to increase funding, perhaps in conjunction with other councils:

"How about joining with other councils and telling central government that there is not enough money to support families properly, rather than continually attempting to manage increasing cuts."

Others (25%, 75 respondents) feel that such savings could be made through greater efficiency across the Council's spending as a whole; few of these comments specifically mentioned early help services. Many of these comments spoke in general terms about overhead or administration costs without specific suggestions for how such savings could be achieved. Where respondents elaborated on this, this was most commonly regarding a desire to see more shared use of facilities across the Council's estate, and running certain services out of alternative locations such as libraries and community centres. Other examples of suggestions noted include: further use of digital technology; assessing the quality of services and the demand for these and making cutbacks accordingly; reducing energy consumption, perhaps through the use of more energy efficient equipment, reducing duplication across public sector services; better communication and marketing to the general public; more communication and information sharing across Council departments; and cutting the costs of restructuring and consulting.

Some (18%, 54 respondents) expressed the view that savings can be achieved through cutting staffing costs. In many cases, individuals specifically highlighted the pay of senior staff as an area where savings could be made, while others endorsed more general pay cuts for staff across the Council. A few comments stated that these savings would be achieved through cutting the number of staff without mentioning cuts to pay. Other examples of suggestions raised included performance-related pay cuts, and reducing the number of agency staff.

A smaller number (16%, 48 respondents) feel that savings could be made through improved staff and management. Specifically, respondents highlighted: better management of sub-contractors, particularly re-negotiating these contracts or bringing work in-house; better management of staff including re-organising staff structures; the use of more volunteers, particularly in running sessions and other activities at children's centres; and for more flexibility in staff working practises, such as more meetings being conducted via teleconferencing facilities rather than face-to-face, and more staff working from home in order to make savings on office costs.

Others (14%, 43 respondents) suggested that cuts should be made to other areas of the public sector budget, so as to protect the current budget for early help services. Where these comments highlighted specific areas of spending, this most commonly concerned what many believe to be 'non-essential' roadworks, particularly changes to the road layout in High Wycombe, such as the following:

"There has been unnecessary roadworks going on in Wycombe town centre, redesigning road layouts. This in my view is a complete waste of council money. Stop any of this future work and invest it into our children."

Similarly, a few feel that repairs to roads could be conducted in a more efficient way, and that this could save money:

Early Help: Consultation Findings Report

“Change the way the roads are repaired. Patching pot holes in the current model means repeated repairs of one hole as the repairs do not last. I think the council should consider bringing road repairs back in house.”

Other aspects of the Council budget identified by a few respondents as potential areas for funding cuts included the marketing department, street lighting, adult education, and libraries. Additionally, various comments (5%, 14 respondents) concerned areas of spending which would be matters for central government rather than the Council, such as HS2 and welfare, while other comments expressed their desire to see a change in government – all out of the scope of this consultation.

Some individuals (14%, 42 respondents) passionately feel that the Council should not be making cuts in this area, in some cases believing the Council should instead be increasing the budget, typically feeling that early help is a vital area of the Council’s budget. Some talked about the support that early help and children’s centres in particular can provide, and that this is crucial support for vulnerable or underprivileged people. Several comments questioned the ideological or practical basis for cutting funding, often stating that the UK is a rich country and should not need to make such cuts. However, it was typically unclear whether their comments were aimed at Buckinghamshire County Council or central government. A few reasoned that saving money in this area and reducing support would create additional problems, by allowing issues to go unresolved and therefore escalate to the point where more serious (and costly) intervention is required:

“Ensure Early Help really is effective early in a child’s life. Families who are currently in need but not reaching thresholds appear to miss support early on and then need more significant support later.”

It was felt by some respondents that other buildings owned by the public sector, such as schools, libraries and community centres, could be further utilised as spaces from which to deliver certain services, and that this would save costs on facilities.

On 1st November 2018, during the middle of the consultation period, it was announced that Buckinghamshire would be moving to a single Unitary Council from 2020. Some individuals who provided their response prior to that announcement had already suggested saving money by closing or merging councils, though most were not specific about supporting a move to a single Unitary Council. As noted previously, following the announcement, several noted that the money this will save should be used to maintain the existing early help budget or that any changes should be delayed until the new council takes effect, often specifically noting the estimated £18million of estimated savings per annum:

“Buckinghamshire is becoming a unitary in 2020 that is forecast to make an £18 million saving. It seems common sense to wait until after this change in structure to make any cuts that will be detrimental to the families you purportedly serve... I can see no strong reason to rush through this decision now.”

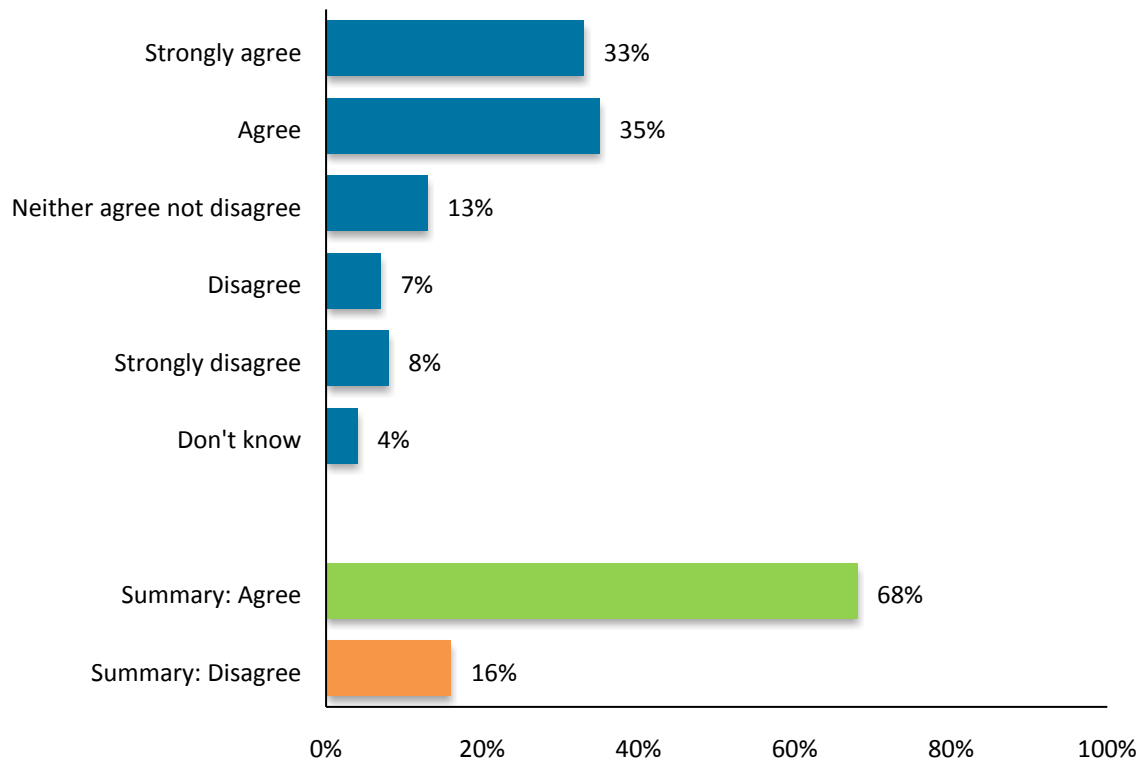
This view was also expressed and support for this evidenced through the submission of a petition to delay the decision to make any changes to children’s centres until after the formation of the Unitary Council. This petition obtained 356 signatures between the 12th and 13th December 2018.³

³ The petition can be found here: <https://you.38degrees.org.uk/petitions/save-buckinghamshire-s-children-s-centres-delay-decision-as-it-should-be-made-by-the-new-council>

3.6 Future use of buildings

More than two-thirds (68%) of respondents agree with the Council's aim that children's centre buildings proposed for closure should continue to be used for community benefit, particularly early years' provision. This included 33% who strongly agree with this aim. Around one in six respondents disagree with this aim, whilst 13% neither agree nor disagree, and 4% do not know.

Figure 28: Agreement that children's centre buildings proposed for closure should continue to be used for community benefit, particularly early year's provision



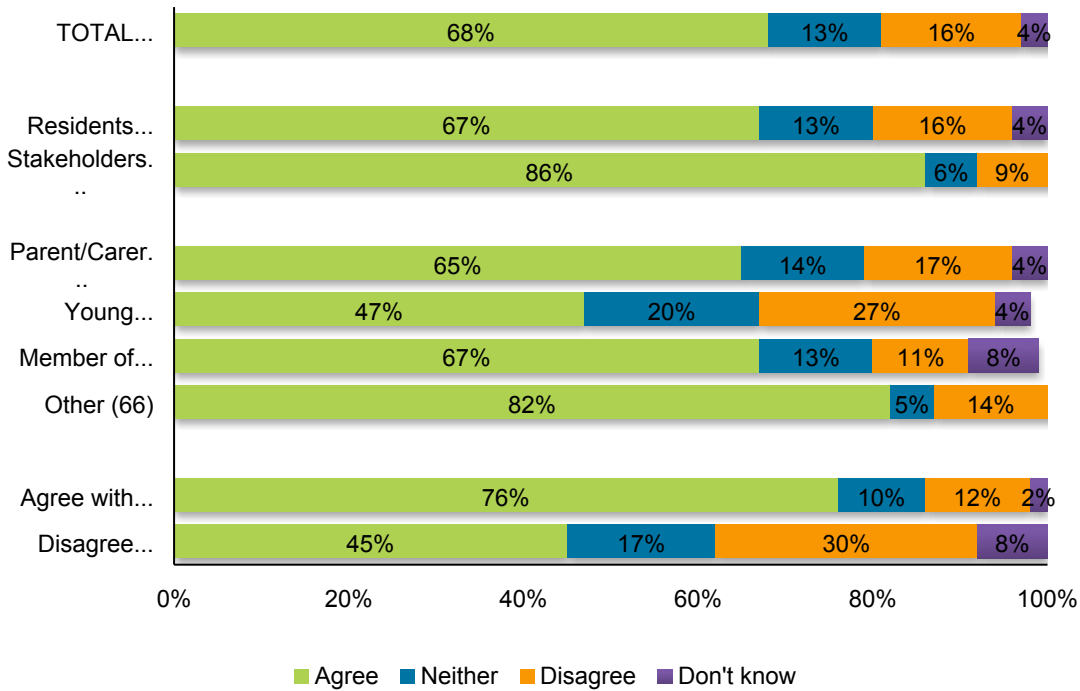
Q16. Single answer allowed. All respondents. Sample base: 744

The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Early Help: Consultation Findings Report

Respondents who agree with this aim were significantly more likely to be stakeholders (86%); significantly less likely to be parents or carers (65%); and those in agreement with the Council’s aims for early help are also significantly more likely to agree with this aim regarding the future use of buildings(76%).

Figure 29: Agreement that children's centre buildings proposed for closure should continue to be used for community benefit, particularly early year’s provision (by demographic and respondent groups of interest)



Q16. Single answer allowed per respondent. Sample bases in parentheses. The total of percentages may not equal 100% due to rounding to the nearest percentage point.

4 Preferences for location

The following tables show the children’s centres respondents indicated a preference to keep open. Respondents were asked to select the children’s centre which was their top priority to remain open and up to four additional centres they would consider a priority. It should be noted that due to the number of children’s centres under consideration, detailed analysis cannot be undertaken based on respondent types (although it is provided where possible); however, two things should be considered when reading these tables:

1. Respondents may be more likely to comment upon children’s centres in areas local to them due to greater familiarity.
2. Residents may have been more likely to respond in areas where the Council identified children’s centres for closure.

4.1 Aylesbury Vale district

In the Aylesbury Vale district the children’s centres which were most frequently selected as a priority for keeping open, and that are also seen as the top priorities for remaining open are:

- Aylesbury (Southcourt) Children's Centre (24% think it is a priority overall, and 10% think it is top priority).
- Aylesbury (Berryfields: Quarrendon) Children’s Centre (19% think it is a priority overall, and 4% think it is top priority).
- Early Years Excellence Hub (Elmhurst) Children’s Centre (12% think it is a priority overall, and 4% think it is top priority).
- Buckingham Children’s Centre (13% think it is a priority overall, and 3% think it is top priority).

Figure 30: Respondents' priorities for keeping open (Aylesbury Vale district)

Children’s Centre	Top priority for keeping open n (%)	A priority for keeping open n (%)	Total selecting n (%)
Aylesbury (Southcourt)	68 (10%)	104 (15%)	172 (24%)
Aylesbury (Berryfields: Quarrendon)	30 (4%)	105 (16%)	135 (19%)
Early Years Excellence Hub (Elmhurst)	30 (4%)	82 (12%)	112 (16%)
Buckingham	19 (3%)	72 (11%)	91 (13%)
Wendover	10 (1%)	57 (8%)	67 (9%)
Aylesbury (Oakfield and Bedgrove) (Broughton)	10 (1%)	56 (8%)	66 (9%)
Early Years Excellence Hub (Bearbrook)	7 (1%)	54 (8%)	61 (9%)
Aylesbury (South West)	4 (1%)	47 (7%)	51 (7%)
Wing Children’s Centre	14 (2%)	33 (5%)	47 (7%)
Waddesdon & Whitchurch	1 (*%)	40 (6%)	41 (6%)
Ivinghoe & Pitstone	14 (2%)	23 (3%)	37 (5%)
Haddenham	11 (2%)	22 (3%)	33 (5%)
Steeple Claydon	8 (1%)	18 (3%)	26 (4%)

Q17. Respondents could select one top priority and up to four additional priorities. Sample base = 712 for top priority, and 677 for other priorities. The centres the Council proposes to retain under Option B are shown in bold.

4.2 Wycombe district

In the Wycombe district the children’s centres which were most frequently selected as a priority for keeping open (either as a priority or a top priority) are:

- High Wycombe (Castlefield) Children’s Centre – 25%
- Wycombe (Disraeli) Children’s Centre – 17%
- Wycombe (Millbrook) Children’s Centre – 16%
- Mapledean Children’s Centre (Wycombe Abbey) – 14%

Whilst the same four sites are also seen as top priorities for remaining open, these are in the following order:

- Mapledean Children’s Centre (Wycombe Abbey) – 6%
- Wycombe (Disraeli) Children’s Centre – 5%
- Wycombe (Millbrook) Children’s Centre – 4%
- High Wycombe (Castlefield) Children’s Centre – 4%

Figure 31: Respondents’ priorities for keeping open (Wycombe district)

Children’s Centre	Top priority for keeping open n (%)	A priority for keeping open n (%)	Total selecting n (%)
High Wycombe (Castlefield)	29 (4%)	150 (22%)	179 (25%)
Wycombe (Disraeli)	39 (5%)	82 (12%)	121 (17%)
Wycombe (Millbrook)	30 (4%)	86 (13%)	116 (16%)
Mapledean (Wycombe Abbey)	43 (6%)	53 (8%)	96 (14%)
Hamilton Road (High Wycombe Terriers & Amersham Hill)	16 (2%)	68 (10%)	84 (12%)
Wycombe (Hampden Way)	17 (2%)	63 (9%)	80 (11%)
Wycombe (East) (Micklefield: Ash Hill)	8 (1%)	67 (10%)	75 (11%)
Marlow (Foxes Piece)	18 (3%)	52 (8%)	70 (10%)
Hazlemere & Loudwater	16 (2%)	54 (8%)	70 (10%)
Risborough	16 (2%)	50 (7%)	66 (9%)
Wooburn Green & Bourne End	7 (1%)	35 (5%)	42 (6%)
Stokenchurch & Hambleden Valley	8 (1%)	21 (3%)	29 (4%)

Q17. Respondents could select one top priority and up to four additional priorities. Sample base = 712 for top priority, and 677 for other priorities. The centres the Council proposes to retain under Option B are shown in bold.

4.3 Chiltern & South Bucks district

In the Chiltern and South Bucks district the children’s centres which were most frequently selected as a priority for keeping open (either as a priority or a top priority) are:

- Beaconsfield Children’s Centre – 13%
- Chesham (Waterside) Children’s Centre – 11%
- Amersham Children’s Centre – 10%
- The Ivers Children’s Centre – 10%
- The Chalfonts Children’s Centre – 10%

However, when we look at the centres which are most likely to be seen as the top priorities for staying open this list changes as follows:

- The Ivers Children’s Centre – 5%
- Newtown Children’s Centre – 5%

Figure 32: Respondents' priorities for keeping open (Chiltern and South Bucks)

Children’s Centre	Top priority for keeping open n (%)	A priority for keeping open n (%)	Total selecting n (%)
Beaconsfield	15 (2%)	79 (12%)	94 (13%)
Chesham (Waterside)	11 (2%)	66 (10%)	77 (11%)
Amersham	13 (2%)	56 (8%)	69 (10%)
The Ivers	36 (5%)	32 (5%)	68 (10%)
The Chalfonts	6 (1%)	62 (9%)	68 (10%)
Denham & Gerrards Cross	13 (2%)	51 (8%)	64 (9%)
Burnham	14 (2%)	46 (7%)	60 (8%)
Newtown	34 (5%)	25 (4%)	59 (8%)
Farnham	6 (1%)	29 (4%)	35 (5%)
Prestwood & Missenden	4 (1%)	18 (3%)	22 (3%)

Q17. Respondents could select one top priority and up to four additional priorities. Sample base = 712 for top priority, and 677 for other priorities. The centres the Council proposes to retain under Option B are shown in bold.

4.4 Priorities by respondent group and characteristics

As noted previously, due to the number of children’s centres under consideration, detailed analysis cannot be undertaken based on respondent types; however, we have provided a summary of where centres are more likely to be a top priority by different respondent groups:

- 14% of stakeholders chose High Wycombe (Castlefield) and 6% chose Early Years Excellence Hub (Bearbrook) as their top priority.
- 15% of respondents from BME backgrounds chose Mapledean (Wycombe Abbey), 10% chose the The Ivers, and 7% chose Denham & Gerrards Cross, and 5% chose Burnham as their top priority.
- 26% of Muslim respondents chose Mapledean (Wycombe Abbey) and 6% chose Chesham (Waterside) as their top priority. 13% of Christian respondents chose Aylesbury (Southcourt) as their top priority.
- 19% of respondents who were not in work chose Aylesbury (Southcourt) as their top priority.

5 Public meetings and drop-ins

The following chapter provides a summary of the key themes emerging from the public meetings and drop-in sessions. It should be noted that discussions at these events mostly focused on the impact changes to early help would have on children's centres.

The following table provides a summary of the events and the number of attendees at each.

Type of event	Location	Number of attendees
Public meeting	Aylesbury	4
Public meeting	High Wycombe	17
Public meeting	Amersham	10
Drop-in session	Steeple Claydon Children's Centre	13
Drop-in session	Disraeli Children's Centre	25
Drop-in session	The Ivers Children's Centre	15

5.1 Key themes from discussions

5.1.1 Impact of children's centres

Attendees at the public meetings and drop-in sessions often strongly stressed the benefits of children's centres and the impact they have had on their lives, praising the staff and their ability to identify individuals with emerging needs through open-access sessions. The centres could therefore intervene and offer support to prevent these escalating further, signposting to other support services where appropriate. Some shared personal stories to illustrate the impact of support from children's centres in dealing with issues such as post-natal depression, anxiety, helping reduce the social isolation faced by many new mothers, and valuing the 'non-judgemental' nature of this support in contrast to the 'stigma' attached to targeted services.

It was felt that reducing the number of centres in general would put the availability of such support at risk, and residents and stakeholders across the different events were keen to stress their concerns related both to their local centre, but also to centres across Buckinghamshire. This point was particularly raised at The Ivers, where they felt that they did not believe it should be a case of 'either/or' between this and other centres. Similarly at the Disraeli centre, some raised a perception that they were being 'penalised' for being from an area that was less deprived, even though they still might need support.

5.1.2 Transport issues

Many residents feel that a lack of adequate, reliable public transport, particularly in rural areas, would mean people without a vehicle would face severe difficulties accessing services without a local centre. They particularly feel that mothers carrying children and pushchairs would not access services if this involved an inconvenient journey of several miles to their nearest centre, perhaps involving multiple buses and lengthy waits for infrequent services. Therefore, some people may 'slip through the net' and not receive the support they require to prevent their needs from escalating.

Transport and travel time and convenience was a particular concern raised by residents and stakeholders at drop-in sessions at Steeple Claydon and The Ivers centres.

5.1.3 The need for savings and creation of a Unitary Council

A few individuals sought clarity on budgetary figures, particularly how the new budget would compare to the existing budget, when this would take effect, and the level of cuts made to the relevant budgets previously. There was a sense of frustration that the Council needed to make these savings, particularly from services which were viewed as having a strong impact on people's lives.

Following the announcement that Buckinghamshire will be moving to a single Unitary Council from 2020, subject to parliamentary approval, some questioned why it was necessary to change early help and whether these changes could be delayed until the new council comes into being. It had been publicised that this change is expected to lead to savings of £18m per annum, leading to queries about whether some of this money can be used to maintain or improve the existing early help services. Others questioned whether it was appropriate to make any decisions on the future of early help at this stage, given that the new council may take a different view and have additional funds available.

5.2 Specific queries and gaps in the information provided

Many questions were raised concerning the Council's decision process, how it developed the proposals under Option B as outlined in the materials, the substance of the proposals themselves, and the execution of this, particularly:

- Why two open access sessions at each centre was deemed the right level.
- The factors the Council explored when deciding which centres it proposes to remain open under Option B.
- The thought process involved in determining that 14 sites was the most appropriate level, and whether this could be increased at all e.g. to 20 centres.
- Whether changes were necessary given the savings of £18m per annum achieved by the creation of a Unitary Council, and the reserves of the district councils.
- The services that will be offered in Haddenham Children's Centre, and the locations involved.
- Whether Southcourt Children's Centre will be extended in order to become a family centre plus site.
- The extent to which support would be made available for the voluntary sector to be able to develop and run alternative sessions.
- Concerns about the Council's ability to support more people with fewer centres and fewer staff, and the mechanisms through which needs could be identified.
- Details on the numbers of families to be reached by each centre.
- The impact of these changes on the level of staffing.

Further questions were asked about the number of responses received to date; why the efforts to link more closely with Health, early years providers, schools and others was not done already; and whether the Council have made efforts to obtain further funding through engagement with central government.

5.3 Comments regarding alternatives

As noted previously, many residents expressed their belief that their local centre should remain open under the Council's Option B. Others enquired about how the new family centres proposed under Option B will accommodate additional visitors, raising concerns such as parking and the space within the buildings (and at particular sessions), and any plans to expand capacity. Further alternatives and considerations were also put forward.

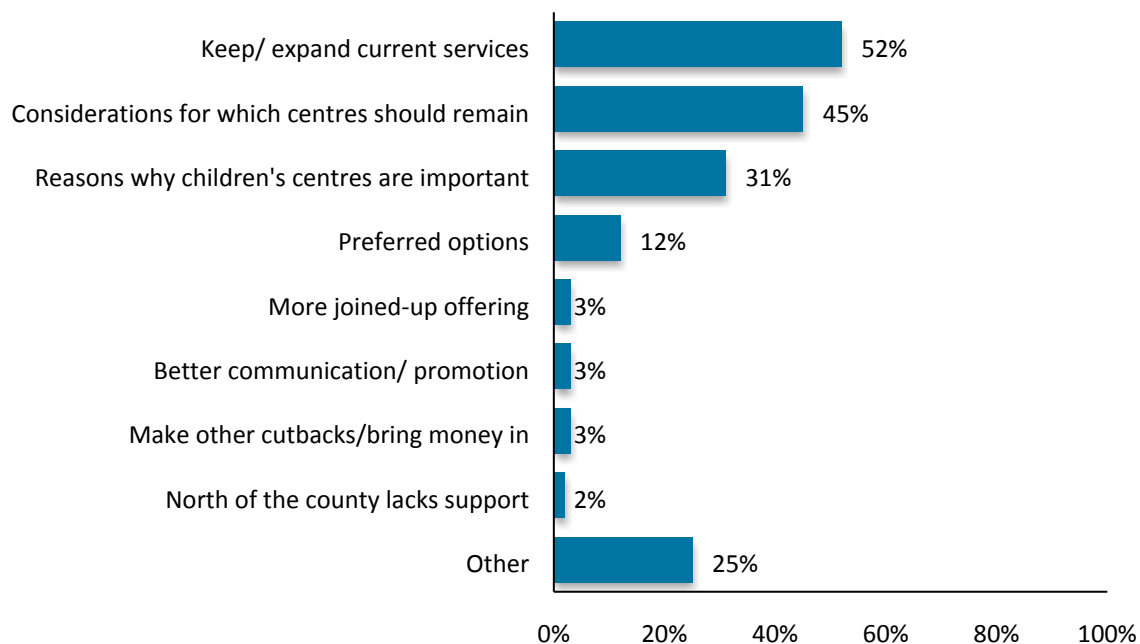
Early Help: Consultation Findings Report

- One resident felt that Haddenham village hall should be utilised because of its size, its use by residents from surrounding villages who may face difficulties travelling further, and also the local housing developments which will drive further demand.
- Another noted that some the Hampden Way children's centre was the most convenient for them as other local centres are difficult to access due to limited parking and bus services.
- A further individual noted the relatively high levels of deprivation in Iver and felt that this should therefore be prioritised for retention, especially as limited public transport would make it difficult to access any other centre; this concern was also expressed by many residents at the Ivers Children's Centre drop-in, particularly that a visit to a different children's centre would involve changing bus three times and a high fare.
- At the Steeple Claydon drop-in, many comments were made concerning the unsuitability of Buckingham Children's Centre, which was off-putting even to those who were able to travel there.
- At the Disraeli Children's Centre session, the drop-in nature of the centre and its use as a community hub were seen as distinct, and some residents felt more could be done to establish community-ran groups here.
- Some residents felt further information was needed regarding how local communities and groups could work with the Council to ensure the delivery of alternative sessions in their local areas.

6 Additional views and comments

Respondents were given an opportunity at the end of the consultation questionnaire to provide any other relevant information they believe the Council should consider. 299 respondents offered additional thoughts. Due to the nature of this question, respondents used this to express a wide range of views on various topics, as summarised in the table below and explored further in this chapter.

Figure 33: Please provide any other relevant information you believe the Council should consider.



Q22. Open text response, subsequently coded into categories. Comments may fall into several categories. Sample base: 299

6.1 Support for children's centres

Over half (52%, 155 respondents) used the open response question to express their support for children's centres and their belief that they should all remain open, often stating that they oppose the idea of reducing funding, closing any children's centres, or reducing the services they offer. Generally, this was accompanied by praise for the children's centres, their staff, the quality of services provided, and the support they offered in dealing with issues, often sharing personal stories of the sessions they have attended, the issues they faced and the importance of the support from the children's centres in dealing with those issues. In some cases, respondents named a particular children's centre that has provided support (typically the one they used most often or that was local to them), often expressing their hope that the centre will remain open. Some also expressed the view that the children's centre offer should be expanded, sometimes explicitly stating that this should involve more funding or additional sessions.

Similarly, many (31%, 94 respondents) spoke in further detail about their support for children's centres and the reasons their services are important. In particular, individuals noted that the support they provide can go towards vulnerable people and children, and how vital this support

Early Help: Consultation Findings Report

can be to them. Others talked about the value that children's centres can have in allowing people to meet other local parents and provide valuable social contact, particularly as parenting can be a lonely, isolating experience. Similarly, a few talked about the impact of children's centres as something of a hub for the community, playing a role in building a community feel, and bringing people of different backgrounds together. Other examples of reasons given in support of children's centres include: helping the life chances of children by giving them some support earlier in life, in some cases allowing children to become more sociable; the belief that an investment in children's centre services and dealing with issues before they escalate and become more serious would prevent the need for a more serious and costly intervention at a later stage; and the importance of the support they have received from children's centres in dealing with mental health issues. Several expressed concerns that some people may 'slip through the net' and not receive the support they require if a local children's centre was not available, as children's centres currently are a good way to identify those with issues and signpost them to extra support if required.

6.2 Considerations for which centres to retain

A large proportion (45%, 134 respondents) also offered their thoughts on the factors they believe should be taken into account to inform the Council's decision on which option to take and which centres would remain open and which would close if Option B is selected. Often, these comments concerned accessibility issues and the requirement for local support to be available, particularly in rural areas, as some people might be unable to reach support due to the distance involved, lack of personal transport and the limited public transport available, as well as the potential expense of travel rendering it an unattractive or impossible option for low-income families. One stakeholder organisation specifically thought that the logistics of travelling to the centres from different areas should be considered. A few expressed their view that, as a result of these factors, some people would no longer visit children's centres, and that issues may escalate as a result. More specifically, several respondents noted that residents in Iver and the surrounding area in particular may be left some distance away from their nearest centre with limited public transport available locally to connect them to another centre.

Several (8%, 24 respondents) respondents feel that deprivation should be an issue for the Council to consider, particularly in ensuring centres in more deprived areas of the county are prioritised for retention. Similarly, a letter from a parish councillor in Iver expressed the view that the relative deprivation in Iver as demonstrated by official sources means that retaining a site there should be prioritised, particularly compared to Beaconsfield.

Respondents also noted various other factors that they believe the Council should consider. Examples of this include: the current usage of the centres; the parking available, whether at the site itself or in the surrounding area; the size and suitability of the buildings themselves; ensuring that the spread reflects population centres and new housing developments; maintaining a geographical spread across the county; and the quality of the staffing and support available at the different centres. In relation to these issues, some expressed their concern that the remaining centres would not be able to accommodate the additional demand due to a lack of space or parking available, with others expressing concerns that more people needing to drive in order to access support would be damaging for the environment and/or increase congestion. A few expressed concerns about converting the children's centres to family centres, feeling that including teenagers with behavioural or other issues alongside support for young mothers and their children would create a less comfortable environment and raise issues around safety.

In relation to the geographic spread, some particularly feel that the north of the county, far south of the county, or the east side of High Wycombe would not be covered adequately by the 14

family centre sites the Council proposes under Option B. The leader of the East Wycombe Independent Party, as well as two of its district councillors representing Micklefield expressed their concerns that the closure of the centres at Hampden Way and Micklefield (Wycombe East) children's centres would leave the east of Wycombe without a centre, and local residents would need to take two buses run by different operators to access their nearest centre. Similarly, Castlefield Community Centre urged the Council to reconsider the geographical spread if it does go with Option B given its concerns about access to centres for residents in East Wycombe in particular, and one stakeholder organisation noted that all of the proposed family centres in High Wycombe under Option B are on the same side of the town.

Castlefield Community Centre, a project of the Karima Foundation, submitted an additional written response to BMG Research regarding their proposal that the Castlefield site "be looked at holistically, with a view to transform current services and to enable the formation of a true community hub, providing better quality outcomes for the community". The Karima Foundation expressed their hope to work with the Council to provide long-term services for children at Castlefield Community Centre.

A few individuals feel that factors concerning the quality of the buildings themselves and the facilities available should be taken into consideration, particularly in relation to parking and access, with some expressing concerns that the remaining centres would not have the space to accommodate additional demand.

6.3 Preferences for options

Some (12%, 37 respondents) commented directly on the three options the Council put forward in its consultation, and elaborated on their reasons for preferring one or another. In some cases, respondents criticised all of the options on offer, believing none of them to be an appropriate model for delivering early help services, and stating that their preference would be for things to remain as they are with no cuts to funding. Several expressed support for Option B, believing it to be the best option in the consultation, with a few stressing the need to maintain some degree of universal open access. A few preferred Option A, typically because it would mean all centres remain open and people would still have access to local services. Option C was generally criticised where it was mentioned, typically because this might stigmatise services or their users and fail to pick up individuals with needs without the universal offer.

6.4 Other comments

Due to the nature of this question, respondents expressed views on a wide range of topics relating to early help. Examples of these comments include: the desire for a more 'joined-up' service offering with better communication across services and departments (3%, 10 respondents); the possibility of making cutbacks in other (often unspecified) areas or to bring additional funds into the service (3%, 8 respondents); the need for clearer and more effective communication regarding the services and sessions available at particular locations (3%, 8 respondents); and a lack of support currently for the north of the county outside of Aylesbury (2%, 6 respondents).

Appendix 1: Profile of respondents

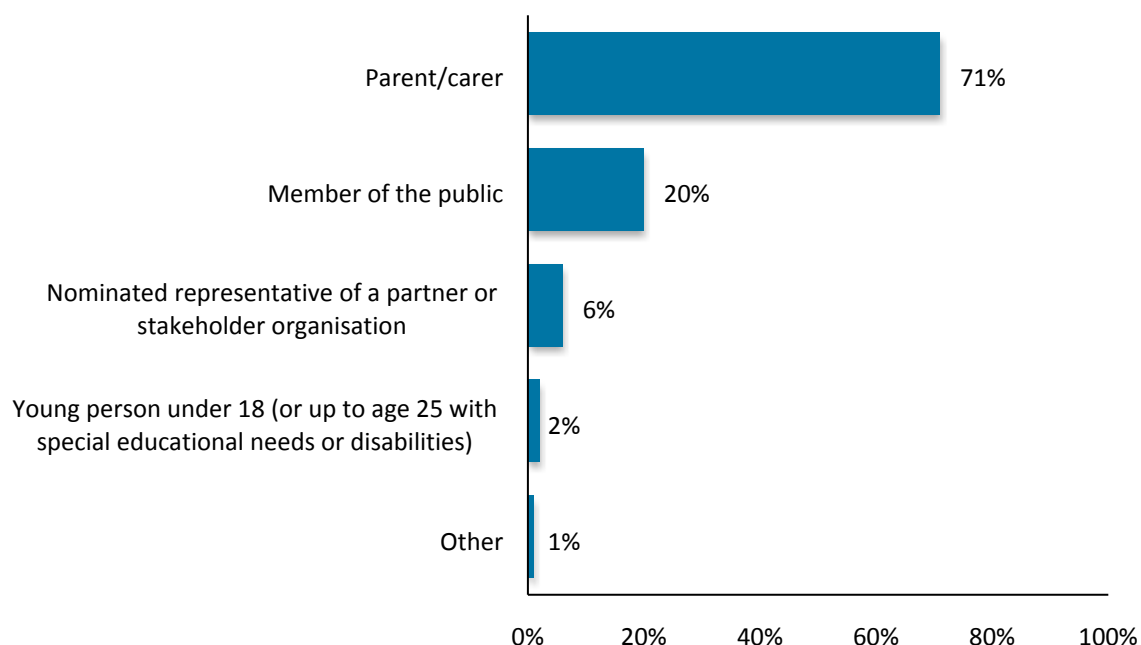
Appendix 1 provides amalgamated information about the respondents to this consultation. Where possible, due to availability of data, it provides comparisons with the wider Buckinghamshire population.

Analysis for this report explored the extent to which there were significant differences based on these groups, and where key differences emerged these are highlighted in the report.

Respondent types

Over two-thirds (71%) of respondents indicated that they are responding as a parent or carer, and one-fifth (20%) described themselves as a 'member of the public'. 6% of responses were received from nominated representatives of a partner or stakeholder organisation, while 2% of responses were from young people under 18. 1% identified as something else.

Figure 34: Are you responding to this consultation mainly as a ...



Q1. Single answer allowed, Sample base=752

The total of percentages may not equal 100% due to rounding to the nearest percentage point.

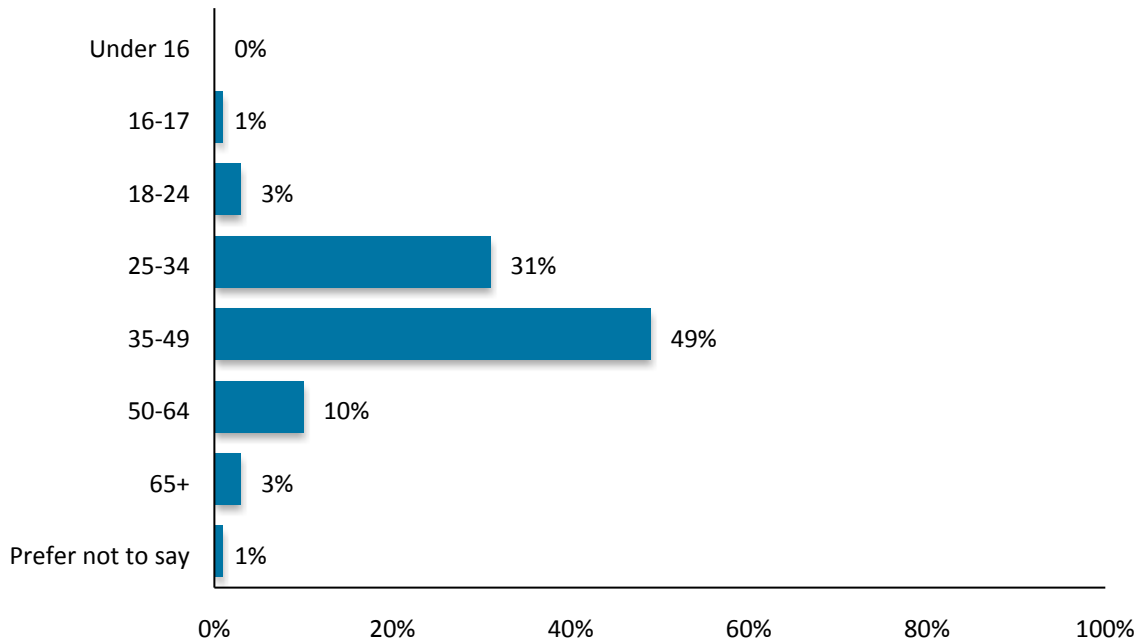
Resident demographics

Age of respondents

Approximately half (49%) of respondents to the consultation are aged 35-49, and just under a third (31%) of respondents are aged 25-34. 10% of respondents are aged 50-64, 3% are aged 18-24, 3% came from the over 65s, and 1% of individuals responding to the consultation are aged 16-17. A further 1% preferred not to say. Where respondents were aged under 16, they were instructed to obtain parental consent and instruct a parent or guardian to contact BMG. They would then be sent a link to allow them to complete the questionnaire. However, nobody from this age group completed the questionnaire.

It should be noted that this does not reflect the demographics of Buckinghamshire as a whole. It is estimated that 21% of the county’s population are aged under 16; 2% are 16-17; 7% are 18-24; 11% are 25-34; 20% are 35-49; 20% are 50-64; and 19% are aged 65 or older.⁴

Figure 35: Which of the following age brackets are you in?



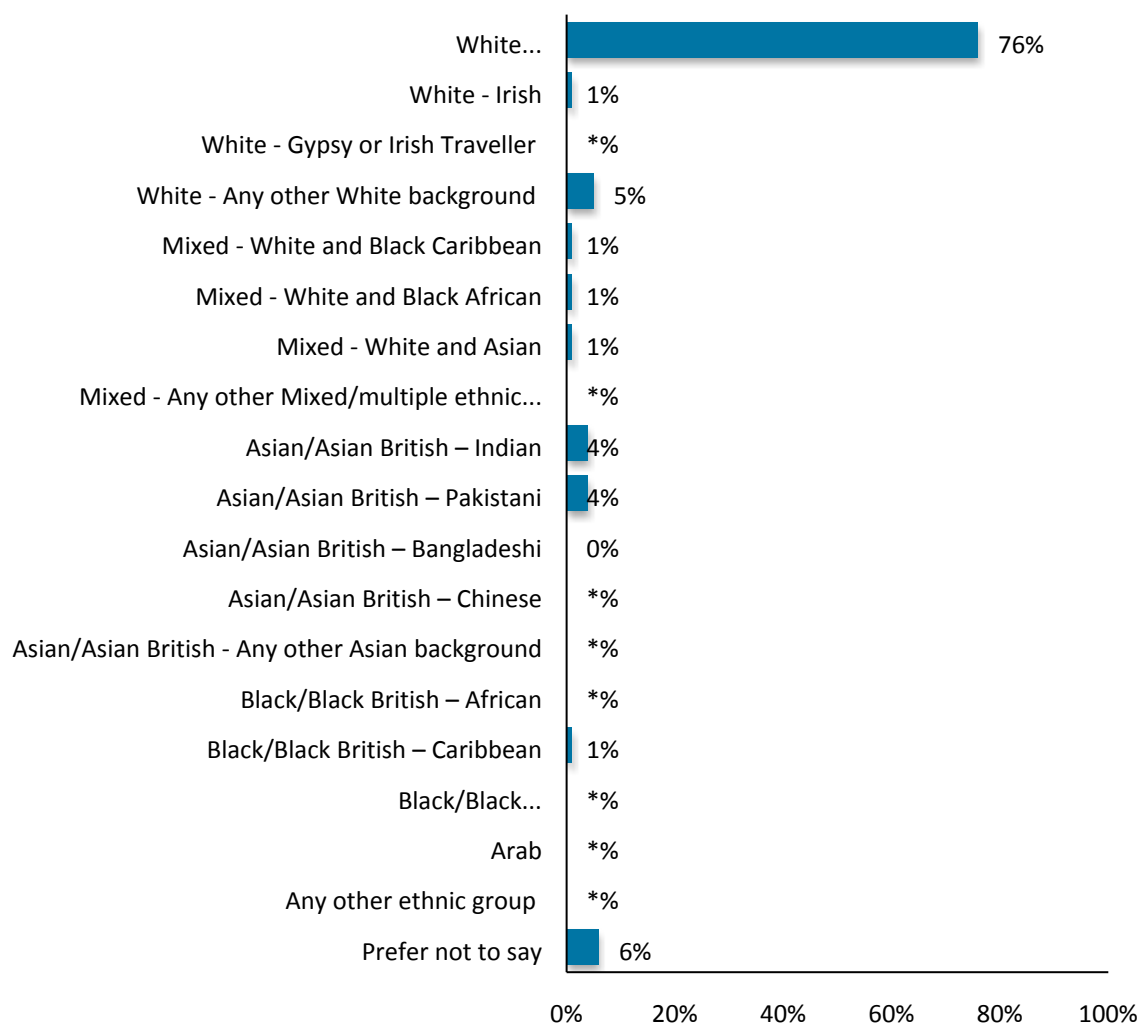
Q2. Single answer allowed. Residents only (not stakeholders). Sample base=712
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

⁴ Population data obtained from ‘Projections Data – Single Years of Age (Dec2014) available here: <https://www.bucksc.gov.uk/services/community/research/population/>

Ethnicity of respondents

Three-quarters (76%) of consultation respondents identified as White – English/ Welsh/ Scottish/ Northern Irish; this group accounted for 81.1% of Buckinghamshire’s population in 2011.⁵ 6% of survey respondents preferred not to disclose their ethnic background. 5% identified themselves as from a White background other than British, Irish or Gypsy/Irish Traveller, 4% as Indian, 4% as Pakistani, 1% as White Irish, 1% as Mixed – White and Black Caribbean, 1% Mixed – White and Black African, 1% Mixed – White and Asian, 1% as Black Caribbean. Other respondents identified as White (Gypsy or Irish Traveller), another mixed ethnic group, Chinese, Other Asian, Black African, Other Black, Arab, or another ethnic group not mentioned (less than 0.5% in all cases). These figures are all broadly comparable to the population of Buckinghamshire as a whole, according to the 2011 census.

Figure 36: Which of the following best describes your ethnic group?



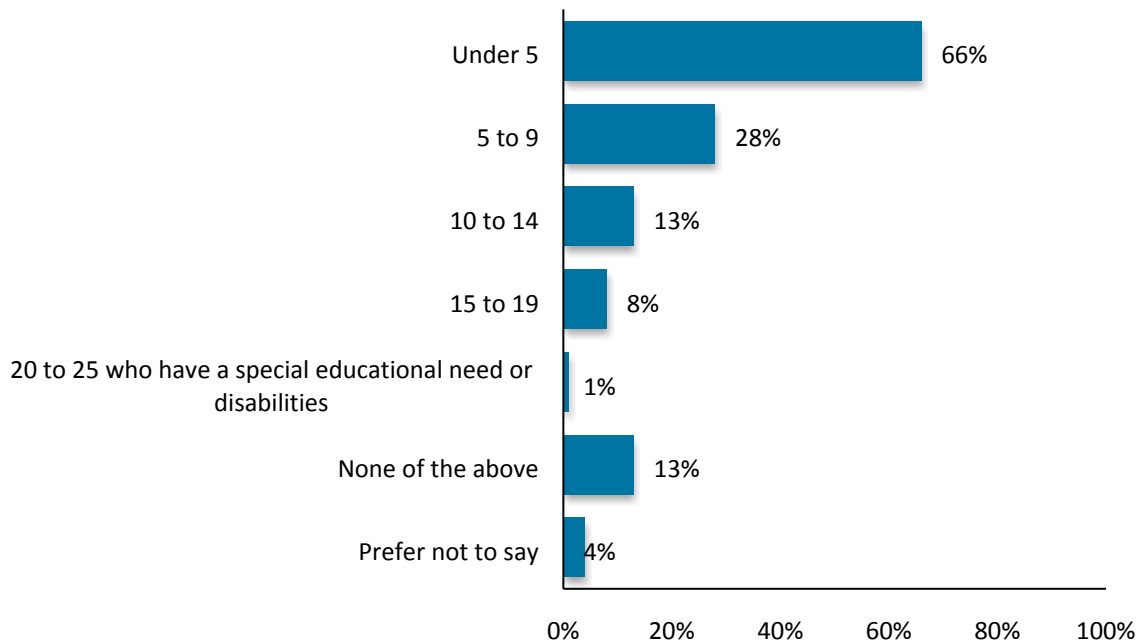
Q20. Single answer allowed. Residents only. Sample base = 701
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

⁵ 2011 Census data available here:
https://webarchive.nationalarchives.gov.uk/20140712011717tf_/http://www.buckscc.gov.uk/community/research/2011-census/

Parental/caring responsibilities

Two-thirds (66%) of respondents have parental or caring responsibilities for Under 5s, around a quarter (28%) have such responsibilities for children aged 5 to 9, 13% for 10-14 year olds, 8% for 15 to 19 year olds, and 1% for those aged 20-25 with special educational needs or disabilities. 13% had no such responsibilities and an additional 4% preferred not to disclose this information.

Figure 37: Are you the parent of or a carer for children in any of the following age groups?

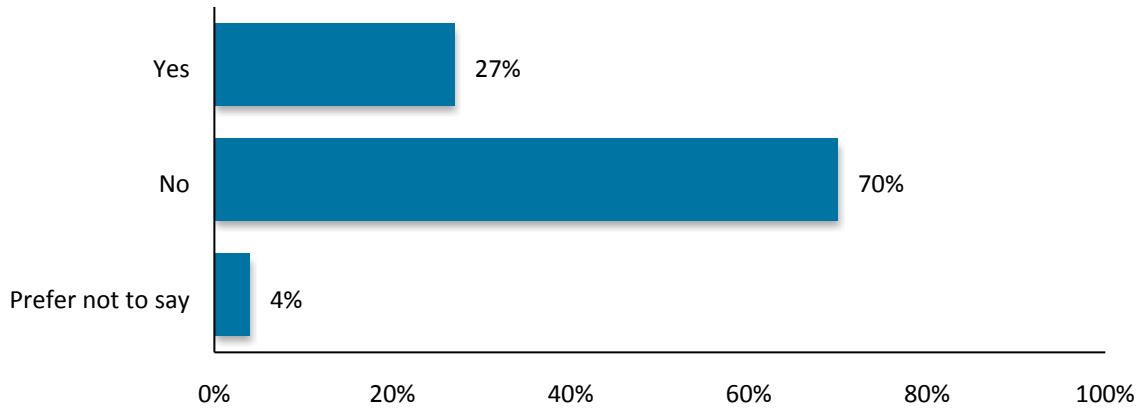


Q21. Multiple answers allowed. Residents only. Sample base = 712
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Pregnancy

Just over a quarter (27%) of female respondents who did not skip the question were either currently pregnant or had been in the last year, while 70% had not been and 4% preferred not to say.

Figure 38: Are you currently pregnant or have you been pregnant in the last year?

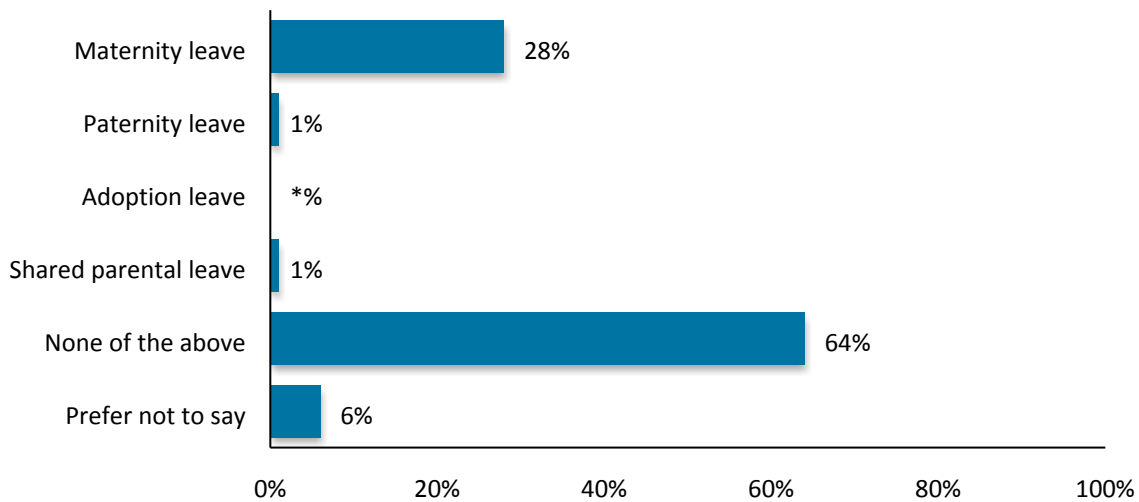


Q22. Single answer allowed. Female residents only. Sample base = 614
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Types of leave

Almost two-thirds (64%) had not taken any of these forms of leave in the past year, while around a quarter (28%) had taken maternity leave in that time period, with 1% taking paternity leave, 1% shared parental leave, and less than 0.5% adoption leave. A further 6% declined to answer this question.

Figure 39: Have you taken any of the following types of leave within the past year?



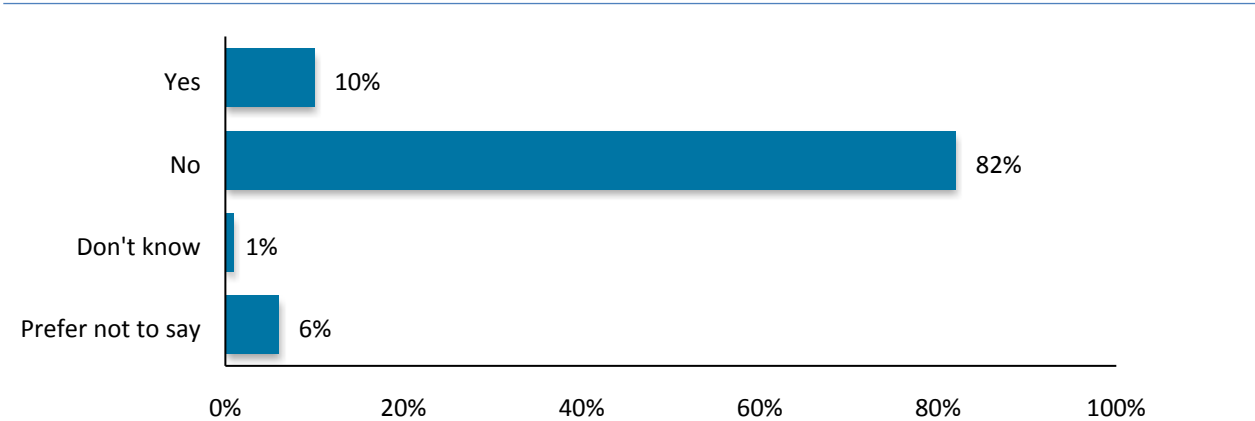
Q23. Single answer allowed. Residents only. Sample base = 682
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Health issues

Around one-tenth (10%) of respondents identified themselves as having a longer term physical or mental health condition or illness which reduces their ability to carry out day-to-day activities, while four-fifths (82%) said this was not the case, 1% did not know and 6% preferred not to say.

According to the ‘Healthy places, healthy futures: growing great communities’ report: “It is estimated that one in eight men (12.5%), and nearly one in every five women (19.7%) in Buckinghamshire have a common mental health disorder such as anxiety or depression.”⁶ Although this gives some indication of the extent of mental health conditions, this does not provide comparable data as this does not include physical health conditions.

Figure 40: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more which reduces your ability to carry-out day-to-day activities?

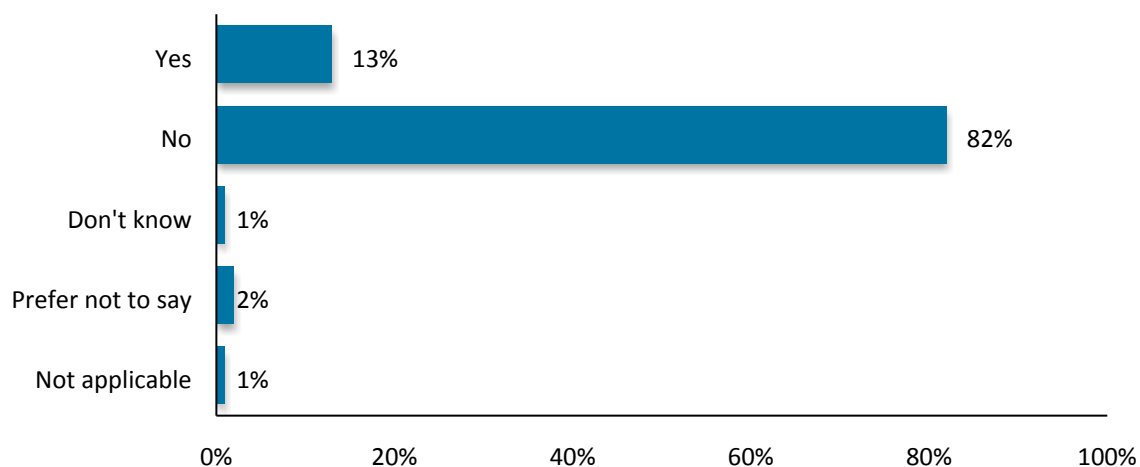


Q24. Single answer allowed. Residents only. Sample base = 705
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Four-fifths (82%) of respondents do not have any children with long-term mental or physical health problem, while 13% said this is the case. 1% do not know, 2% preferred not to say, and 1% stated this is not applicable to them.

⁶ The report can be found here:
<https://democracy.buckscc.gov.uk/documents/s120937/Healthy%20Places%20Healthy%20Futures%20PH%20Annual%20Report%20FINAL.pdf>

Figure 41: Does your child or one of your children have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more which reduces their ability to carry-out day-to-day activities?

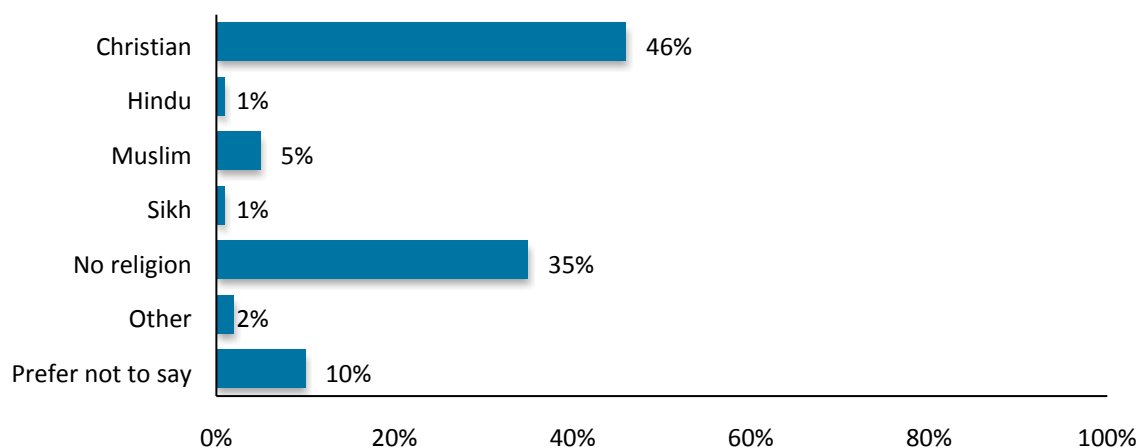


Q25. Single answer allowed. Residents only. Sample base = 586
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Religion

Just under half (46%) of consultation respondents identified as Christian; at the 2011 census, 60.5% of Buckinghamshire’s residents did so. The ‘no religion’ group accounts for over a third (35%) of questionnaire respondents, compared with 24% of Buckinghamshire’s residents as a whole. A further 5% of survey respondents identified as Muslim, while 1% were Hindu, 1% Sikh, and an additional 2% belonged to a different religion; these figures are all broadly similar to the proportions given by Buckinghamshire residents overall at the 2011 census.⁷

Figure 42: Which of the following best describes your religion?



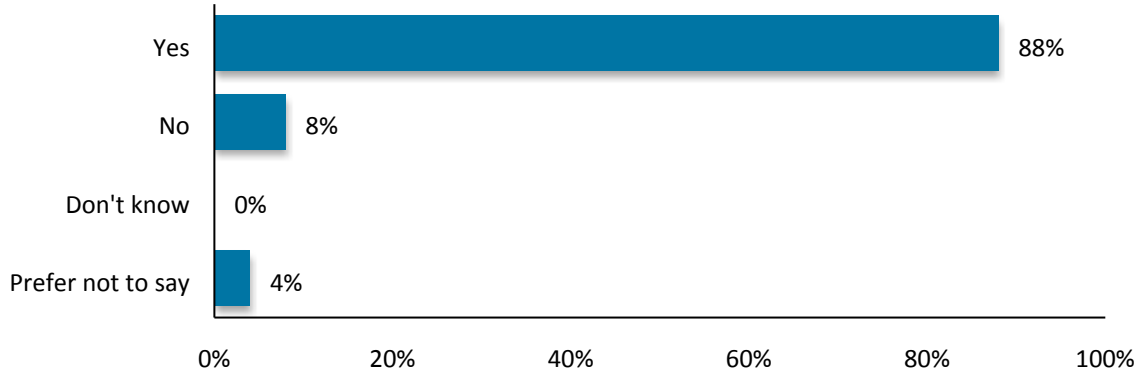
Q26. Single answer allowed. Residents only. Sample base = 703
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

⁷ 2011 Census data available at:
https://webarchive.nationalarchives.gov.uk/20140712011717tf_/http://www.buckscc.gov.uk/community/research/2011-census/

Working status

A large majority (88%) of individuals stated that somebody in their household is in work at the moment, while for 8% this is not the case, and an additional 4% preferred not to say.

Figure 43: Is anyone in your household in work at the moment?

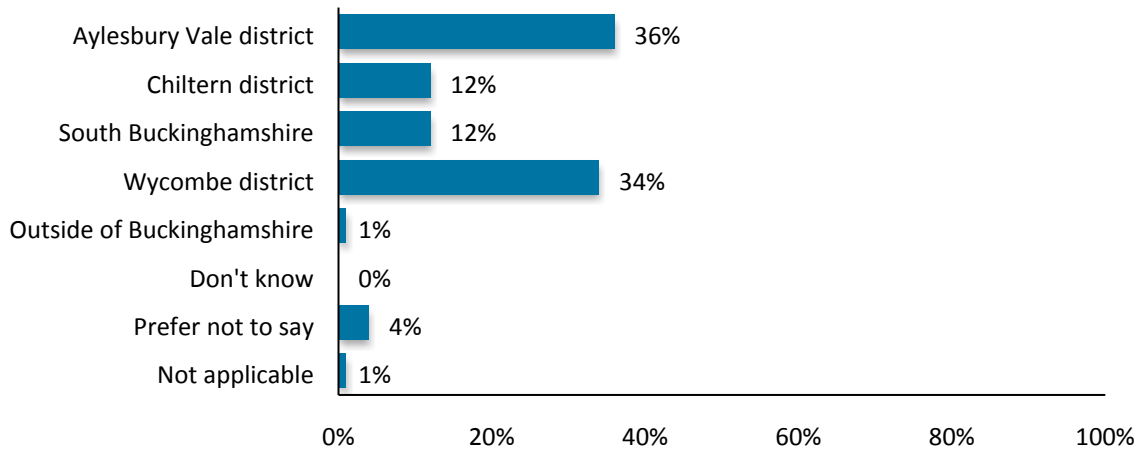


Q27. Single answer allowed. Residents only. Sample base = 704
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

District

Over one-third (36%) of the respondents are from the Aylesbury Vale district, a further third (34%) are from Wycombe district, and nearly one-quarter (24%) are from Chiltern and South Bucks.

Figure 44: Which of the following districts in Buckinghamshire do you live in?



Results derived from Q28 and Q29. Residents only. Sample base = 560
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Stakeholder profiles

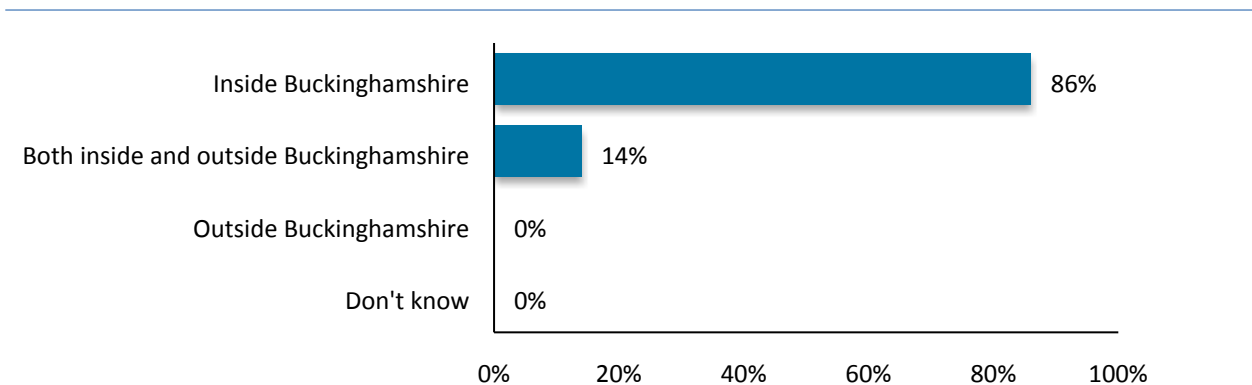
Organisations involved

35 questionnaire responses were received from people who identified as nominated representatives from a range of organisations including: schools, children’s centres, partner organisations, and voluntary and community sector organisations.

Organisation location

The large majority (86%) of stakeholder representatives stated that their organisation operates solely within Buckinghamshire, while the remainder (14%) operate both inside and outside the county.

Figure 45: Where does your organisation operate?

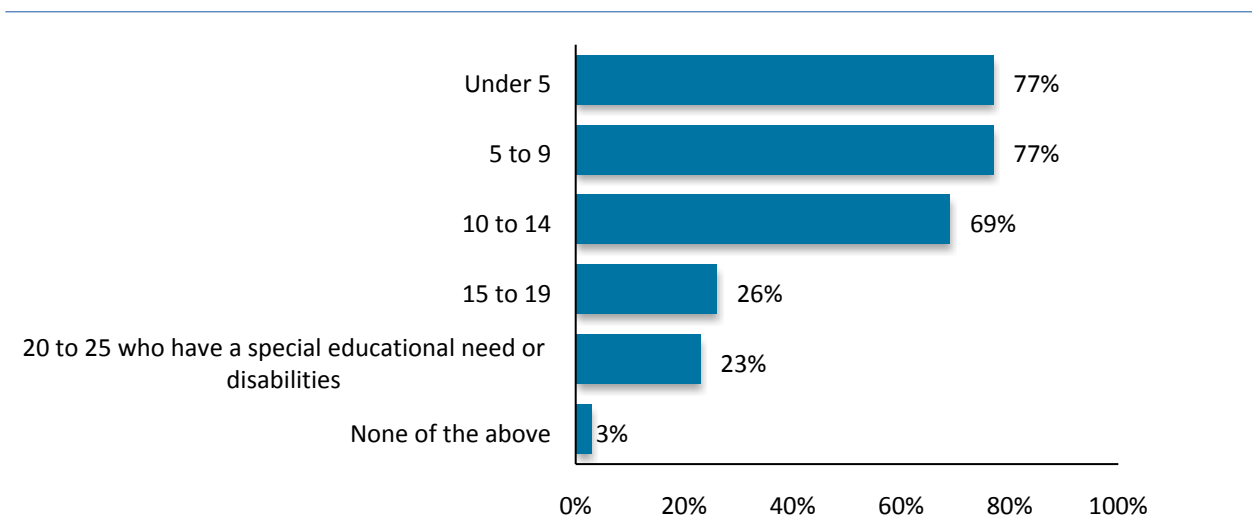


Single answer allowed. Stakeholders only. Sample base = 35
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Age of families supported

Over three-quarters (77%) of the stakeholder organisations provide support for families with children aged under 5, and the same proportion (77%) said this was the case for 5-9 year olds. Over two-thirds (69%) offer support to 10-14 year olds, while around a quarter (26%) work with people aged 15-19, and a similar proportion (23%) work with those aged 20 to 25 with a special educational need or disability.

Figure 46: Does your organisation provide support for families with children in any of the following age groups?



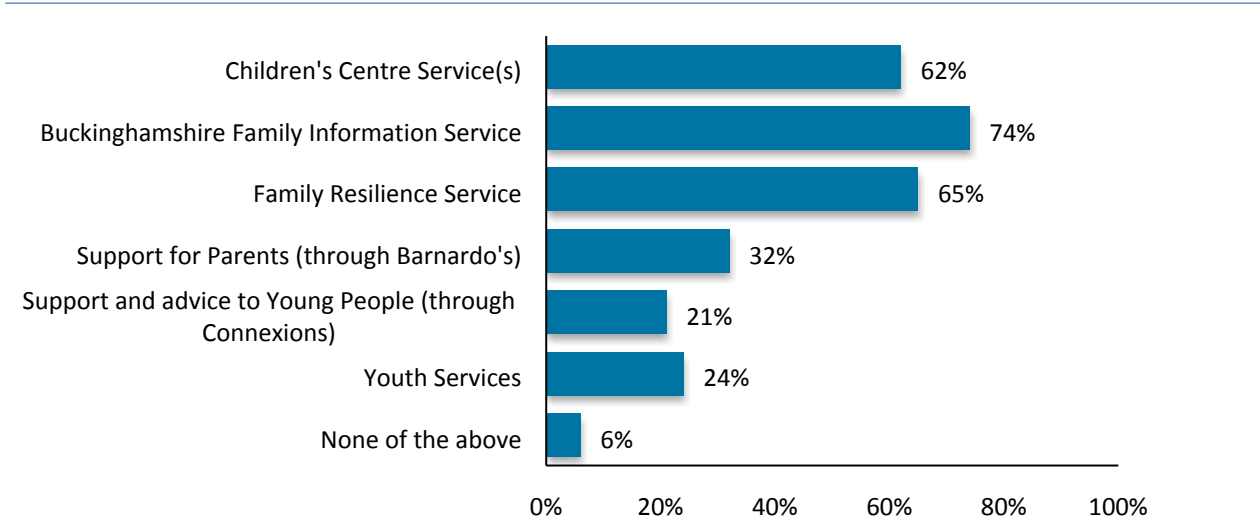
Multiple answers allowed. Stakeholders only. Sample base = 35

Services worked with

Almost three-quarters (74%) of the stakeholders work closely with the Buckinghamshire Family Information Service, almost two-thirds (65%) work closely with the Family Resilience Service, and a similar proportion (62%) work closely with children's centre service. Smaller proportions

work closely with Support for Parents through Barnardo's (32%), Youth Services (24%), and Support and advice to Young People through Connexions (21%).

Figure 47: Which, if any, of the following services has your organisation worked closely with in the past year?



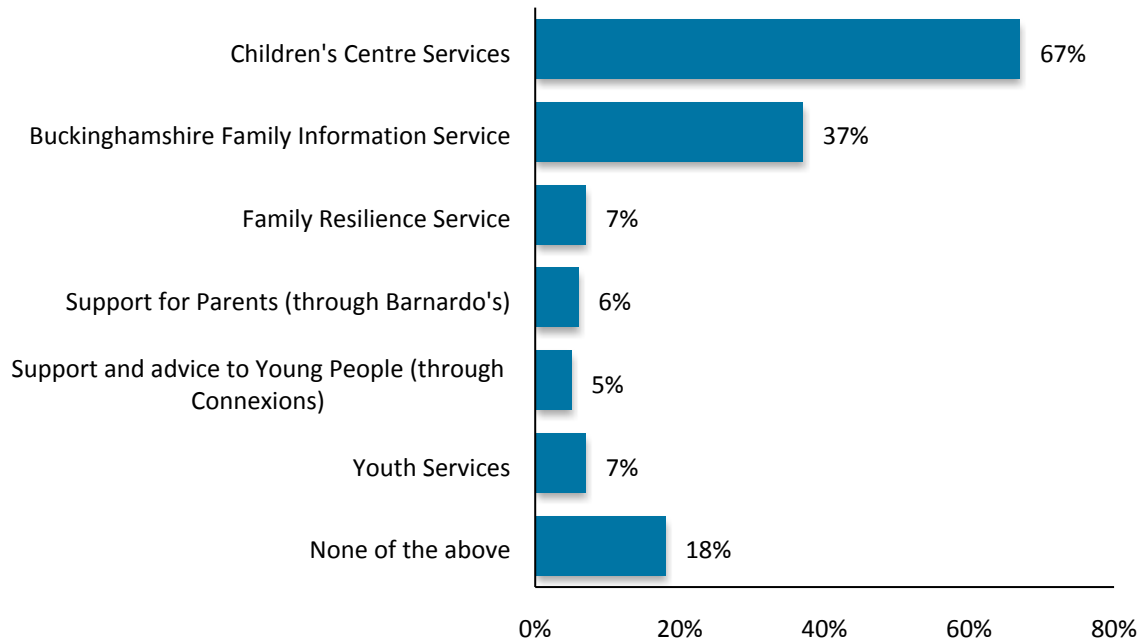
Multiple answers allowed. Stakeholders only. Sample base = 34

Appendix 2: Current use of services

The following figures show respondents' current use of early help services.

The services used

Figure 48: Which, if any, of the following County Council services have you used in the past year?

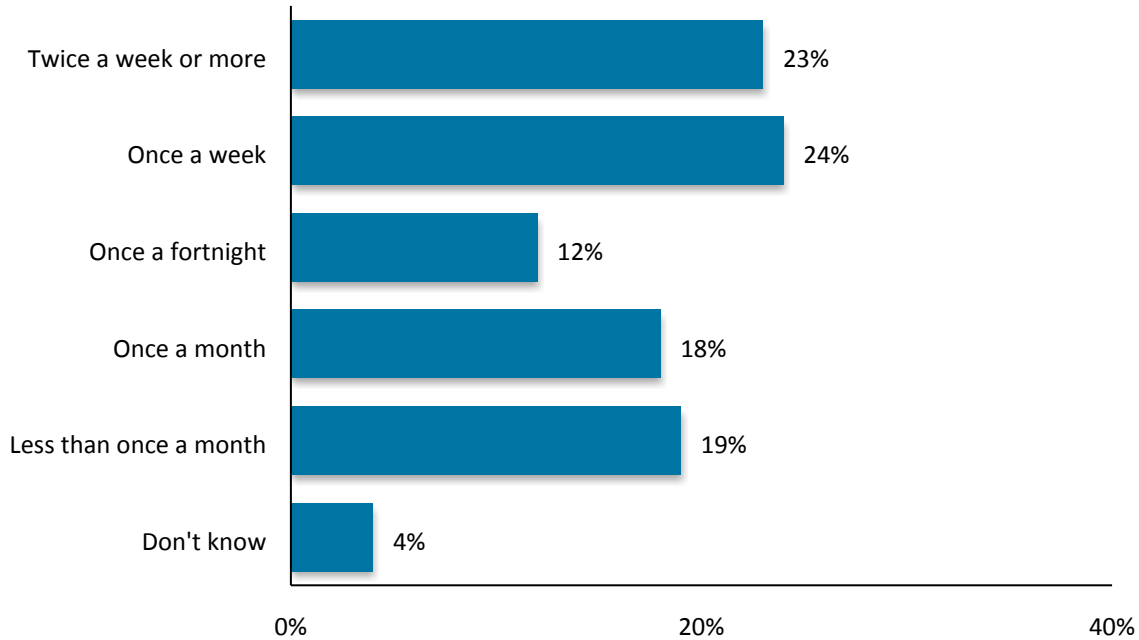


Q3. Multiple answers allowed. Residents only. Sample base = 707

Frequency of use

Children’s Centre services

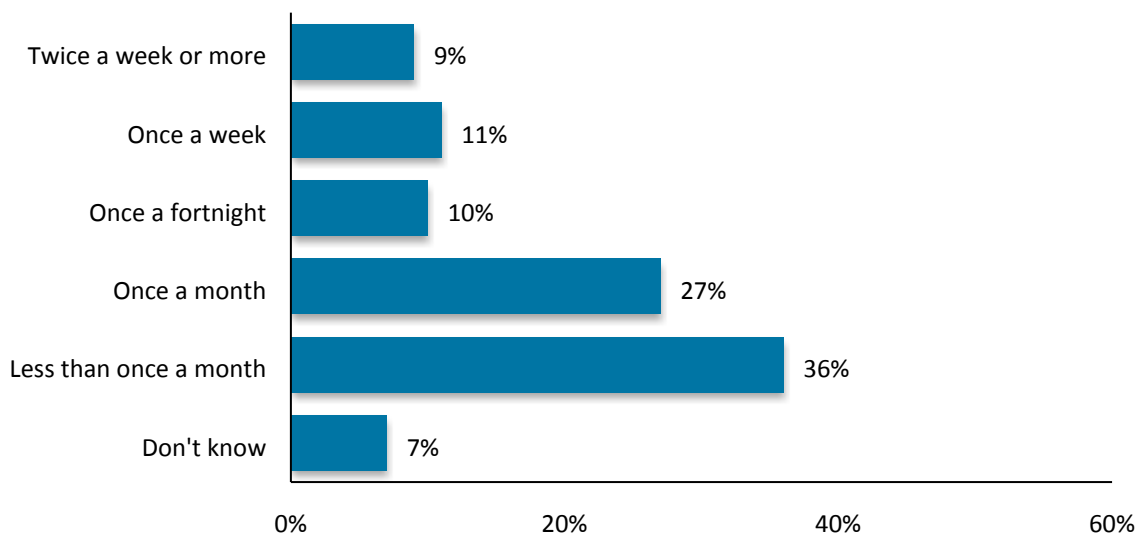
Figure 49: Typically, how often have you used Children's Centre services in the past year?



Q4a. Single answers allowed. Residents using children’s centres only. Sample base = 468
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Buckinghamshire Family Information Service

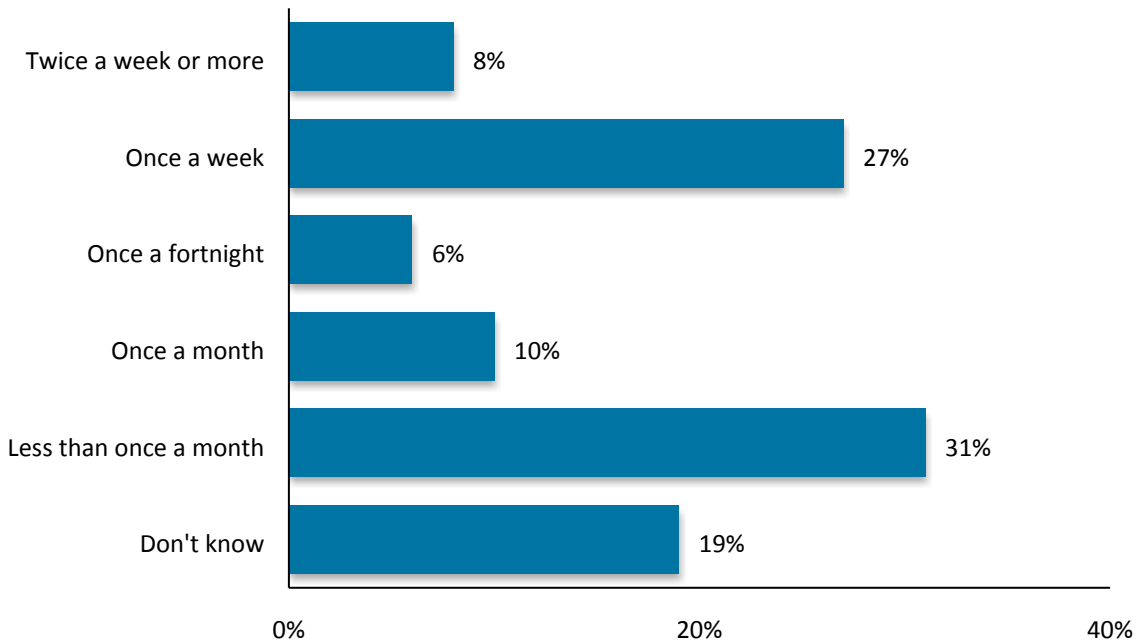
Figure 50: Typically, how often have you used the Buckinghamshire Family Information Service in the past year?



Q4b. Single answers allowed. Residents using the service only. Sample base = 259
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Family Resilience Service

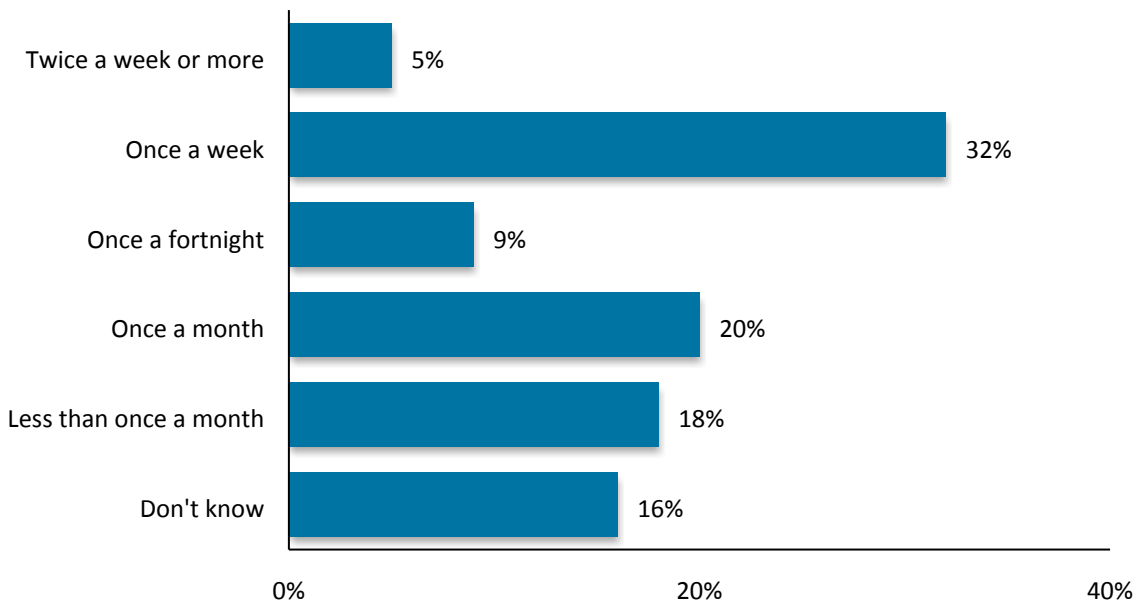
Figure 51: Typically, how often have you used the Family Resilience Service in the past year?



Q4c. Single answers allowed. Residents using the service only. Sample base = 52
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Support for Parents (through Barnardo's)

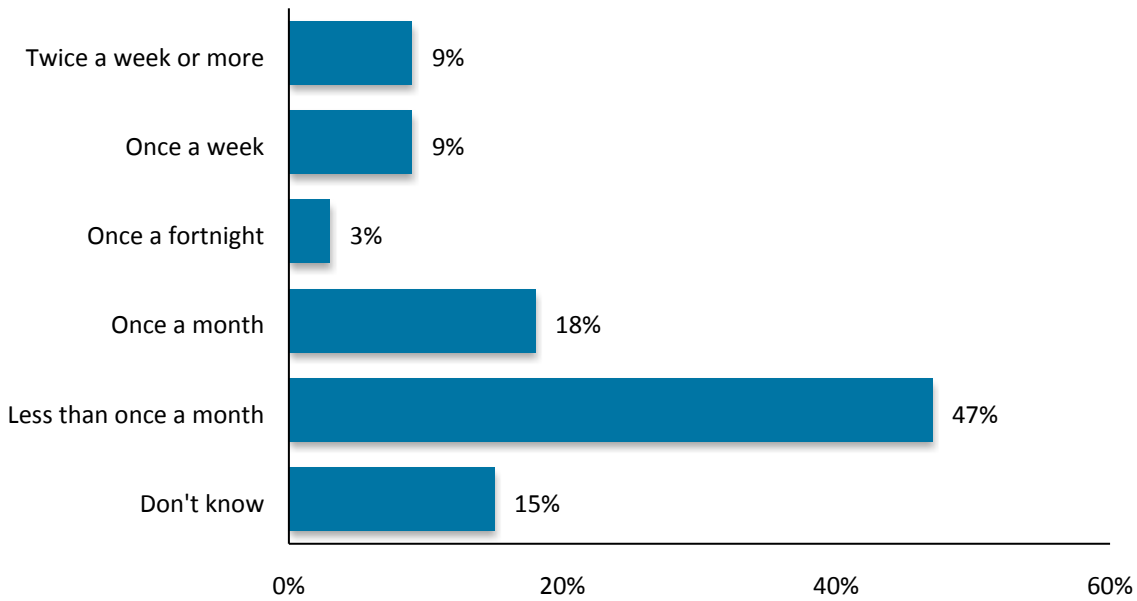
Figure 52: Typically, how often have you used Support for Parents (through Barnardo's) in the past year?



Q4d. Single answers allowed. Residents using the service only. Sample base = 44
The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Support and advice to Young People (through Connexions)

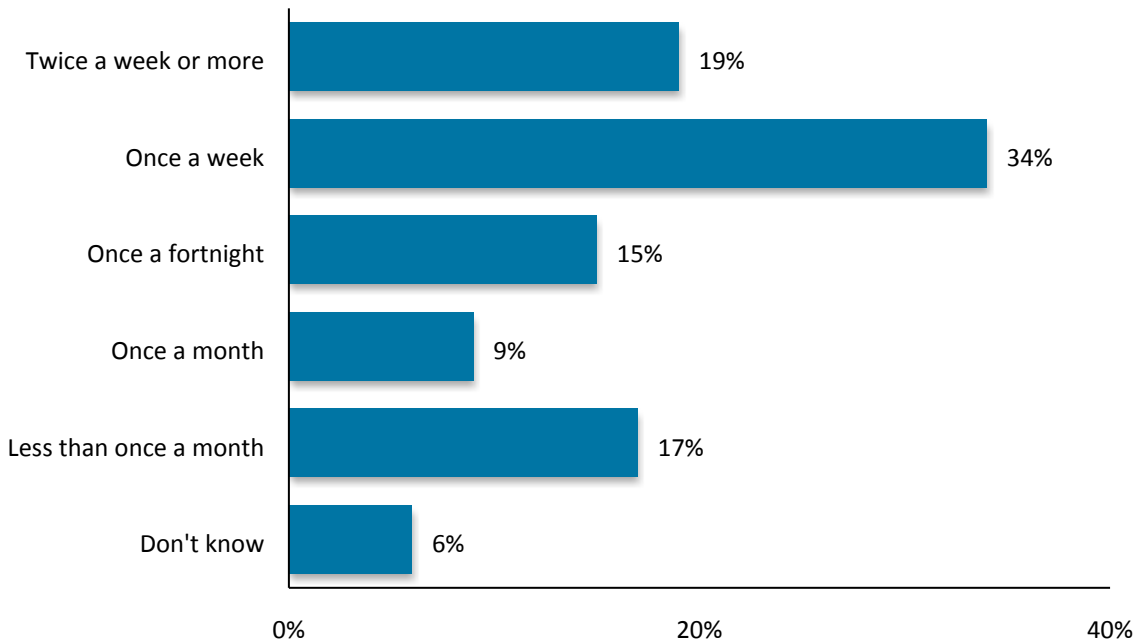
Figure 53: Typically, how often have you used Support and advice to Young People (through Connexions) in the past year?



Q4e. Single answers allowed. Residents using the service only. Sample base = 34
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

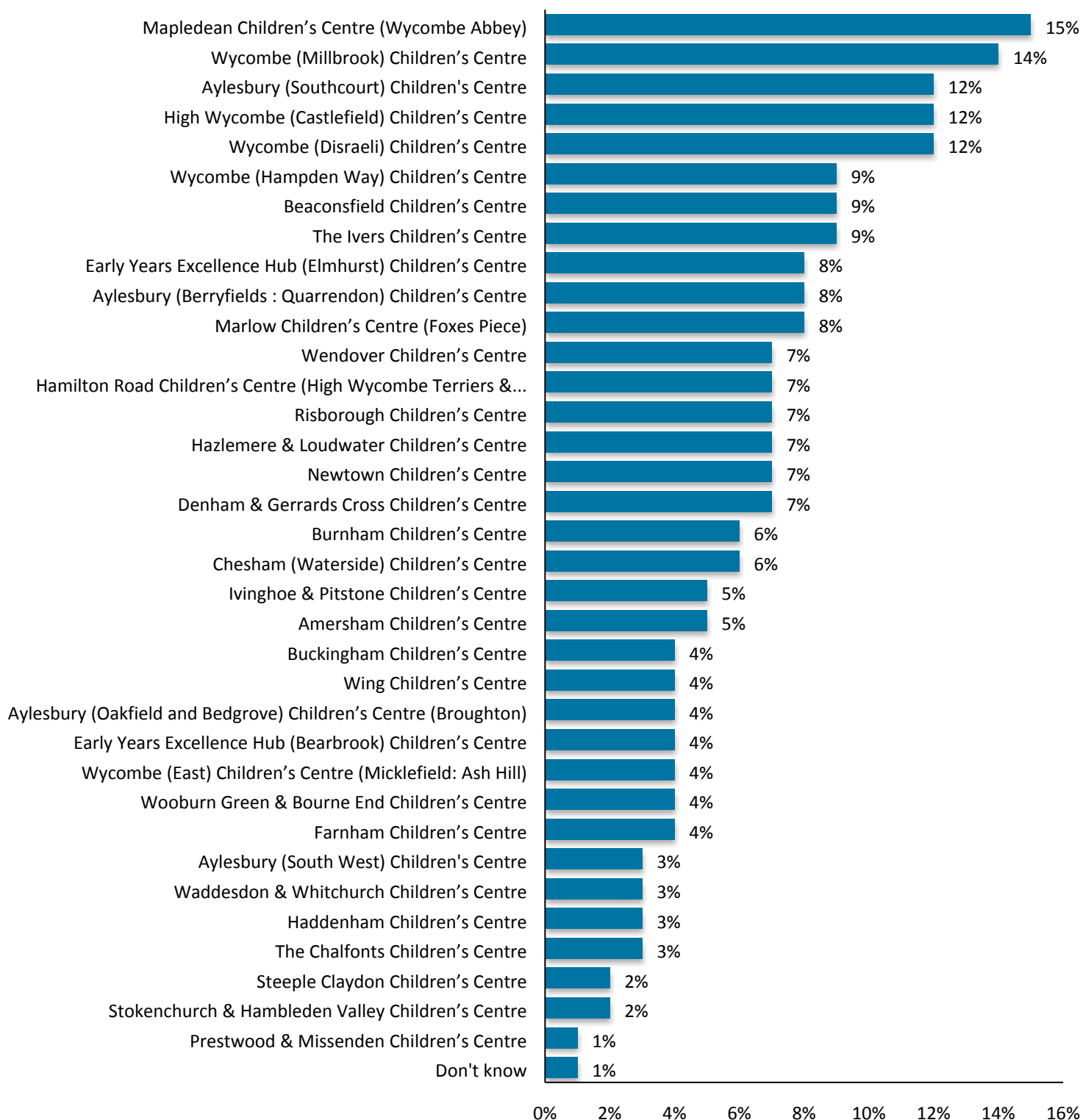
Youth Services

Figure 54: Typically, how often have you used Youth Services in the past year?



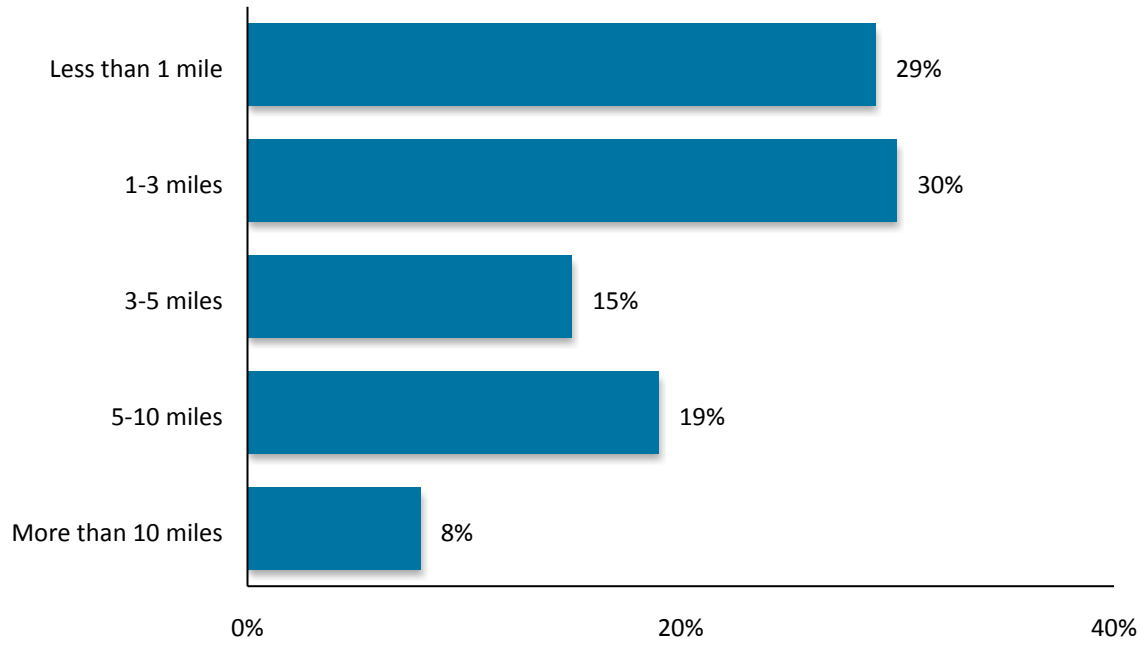
Q4f. Single answers allowed. Residents using the service only. Sample base = 47
 The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Figure 55: Which children's centres have you used in the past year?



Q5. Multiple answers allowed. Sample base=469

Figure 56: How far individuals have travelled to their furthest children's centre



Results derived from Q5 and Q28. Sample base=304

The total of percentages may not equal 100% due to rounding to the nearest percentage point.

Appendix 3: List of participating stakeholder organisations

The following table provides an overview of stakeholder organisations who responded to the consultation. Please note, organisations were not required to provide their name in their response.

Name
Action for Children
Adviza
Animal Antiks
Buckinghamshire Healthcare NHS Trust
Bucks Primary PRU
Castlefield Community Centre (Karima Foundation)
Citizens Advice Aylesbury Vale
Citizens Advice in Buckinghamshire, comprising: Citizens Advice High Wycombe, Citizens Advice Chiltern, and Citizens Advice Aylesbury Vale
Cllrs Matt Knight and Andrea Baughan, Wycombe District Council councillors for Micklefield
Empower to Cook CIC
Families and Carers Together in Buckinghamshire (FACT Bucks)
Leap (County Sport Partnership)
East Wycombe Independent Party
Oxford Health NHS Foundation Trust
Spurgeons
The Disraeli School and Children's Centre
The Growing Together Federation

Additionally, anonymised responses were received from the following types of organisations:

- x10 primary schools
- x5 infant schools
- x2 pre-schools
- x1 junior school
- x1 secondary school
- x2 other respondents from health-related organisations
- x1 current provider of children's centres

Appendix 4: Additional responses from stakeholder organisations

The following are additional responses from stakeholder organisations where they have provided consent for these to be published.

Proposal from Castlefield Community Centre (Karima Foundation)

Representation for the Buckinghamshire County Council
Early Years Consultation

12th December 2018



A Project of the



Rutland Avenue • High Wycombe • Buckinghamshire • HP12 3LL

Summary

1. Castlefield Community Centre (CCC) welcomes the opportunity to inform the Buckinghamshire County Council (BCC) Early Years (EY) consultation, in particular for the High Wycombe district.
2. CCC recognise the current EY provision requires change in response to funding constraints and to provide more effective outcomes.
3. This response proposes that the Castlefield site be looked at holistically, with a view to transform current services and to enable the formation of a true community hub, providing better quality outcomes for the community and potential financial benefit for the Council to help contribute towards the required £3.1 million savings.
4. CCC has a well-established track record of working with the local authorities over the years on a variety of projects, most noticeably its partnership with Wycombe District Council (WDC) and realising a financial saving of £1.165m across the life of the lease for CCC.
5. CCC particularly draw your attention to the support this proposal has from Steve Baker MP, BCC Library Service, BCC Councillor Hussain, WDC Community Services, WDC Councillors Asif, Graham & Hanif, Wycombe, Thames Valley Police (TVP), Wycombe Tamil Community Association and a wider group of organisations CCC work with on a regular basis. Annex A has individual letters of support for your attention.
6. These stakeholders unreservedly support our aspirations and have complete confidence in our ability as an organisation to deliver this through existing collaborative working arrangements.
7. CCC hope this submission will be the catalyst for further dialogue between us and the Council before any decision is approved to ensure the best interests of the community of Castlefield are served.

Response to Consultation

8. CCC believe efficient, effective and sustainable improvements can only be achieved through a collective and collaborative response from statutory and community services. We welcome the approach the Council has set out in its strategy. CCC are pleased to see the Council's recognition of the role the community plays in helping improve services and delivering sustainable long-term solutions. Working in partnership, community and statutory resources can achieve a more meaningful and impactful change.
9. CCC agree with the visions and priorities set out by the Council for EY services.
10. It is reassuring that the Council has recognised the need to build on the resilience of communities, which allows them to invest scarce resources to build capability rather than creating dependencies.

11. As a community organisation CCC do not advocate the closure of any Centres and therefore our preferred option is A. Taking forward option A will also present an opportunity, where appropriate, for community led provision to increase across the district and this should be fully explored.
12. However, if the Council progress with their preferred Option B, CCC would urge them to review the geographical spread of the proposed Centres before approval. Option B as it stands does not provide equitable access for all residents, most notably on the Eastern side of High Wycombe. Under Option B some provision is in close proximity to one another and in other areas there will be no accessible provision. The distribution of the proposed provisions needs to be revisited and the noticeable gaps addressed.
13. The Council stated in the consultation documents that further planning work will be undertaken in relation to their preferred option. This will include *surveying sites in preparation for possible refurbishment of buildings. The Council will also engage with site owners and other organisations on possible alternative uses of children's centre buildings to maximise their use for the benefit of children and families.*
14. As leaseholder of the Castlefield site since October 2014 and taking into consideration points 10 and 13 (above), CCC are disappointed at having not been involved nor invited to take part in discussions during the Council's two visits to Castlefield.
15. CCC requested a site meeting via Officers on 21st November 2018 and were informed that at this stage in the process a meeting with all organisations was not possible. CCC therefore feel that a real opportunity to help understand our aspirations has been missed and hope the Council is able to make time before the decision-making process to meet with us to discuss how we can work in collaboration to develop future plans for the Castlefield site.
16. There needs to open and honest dialogue between all agencies operating in the area. CCC will work with the Council to bring about strategic change and improve outcomes for the community, whilst offering value for money.
17. Despite not being a part of the site discussions, CCC believe it would be useful to provide additional information via this consultation specially relating to our work at Castlefield. CCC are presenting an opportunity for the Council to work with us to ensure there is effective utilisation of the site to allow service provision to further grow and develop.

Background

18. In October 2014, The Karima Foundation took over from WDC management of CCC on a 25-year lease. Our team provides a wealth of experience including individuals with expertise in project management, educational, health, social care, youth work and finance. Many of our committee members hold positions of senior leadership in both the public and private sectors.
19. The site consists of CCC and Castlefield Children's Centre which is currently occupied by Action for Children (AFC). We are responsible for all aspects of maintenance for the CCC building and all communal areas across the Castlefield site. Under the current arrangement AFC & BCC are invoiced on a quarterly basis for their proportion of the communal costs and report quarterly CCC performance data to WDC. The management, maintenance and cost relating to the Castlefield Children's Centre does not fall under our remit and is overseen by AFC.
20. The Community Asset Transfer realised a number of benefits for WDC:
 - No impact on delivery of services
 - Public access secured
 - Achievable within public sector legal and procurement parameters
 - Local management of the asset resulting in increased community use of an underutilised asset
 - Helping an active local community organisation to develop and grow its services further
 - A **financial saving of £1.165m** across the life of the lease
21. In the last four years, under our management the accessibility and usage of CCC has increased significantly and there is now a wide range of activities and provision for all age groups. CCC have formed strong links with statutory organisations, schools, community groups and the community as a whole and have established a flourishing centre that is a vibrant part of the community.
22. The current summary of activities delivered from CCC (unique weekly participants) is as follows:

• Castlefield Community Library (100)	• Aflah Nursery (30)
• Supplementary School (100)	• Adult learning courses (70)
• Autism Spectrum Club (10)	• Beaver & Scouts (28)
• Taekwondo Club (60)	• Archery (30)
• Brazilian Jujitsu Club (105)	• Aerobics (12)
• Basketball Club (15)	• Boxercise (30)
• Special Mums' Club (16)	• Tamil Community Prayers (30)
• Tuition Groups (40)	• Yoga (15)
• Youth Club (30)	• Future Leaders Programme (30)
23. In addition to these activities CCC provide a venue for Social Services, WDC, BCC and private hirers as required. CCC have long term agreements with providers such as Aflah Nursery, AFC Bucks Activity Project and Wycombe Wanderers (Fit & Fed) by providing them with a venue to deliver their services from.

24. Aflah Nursery has been operating from CCC since January 2017. The Nursery runs 38 weeks of the year, Monday to Friday in accordance with the Bucks term dates. Their current provision provides 15 hours of universal funded entitlement for 3 and 4 year olds with parents having the option to take up the 30 hours of universal free entitlement.
25. CCC secured the future of the Castlefield Community Library after we took over management and running of the library from BCC in 2015. This project is an example of partnership working with BCC to reduce the impact of tough financial decisions by providing a community led solution. The library relocated from Castlefield School to CCC and is open three days a week and staffed by our team of community volunteers facilitating for 100+ visitors a week.
26. AFC Bucks Activity Project provide a range of activities for disabled children aged 5 to 19 years. CCC are privileged to have worked with them for the last two years providing them with a venue from which they can run their services.
27. The Fit & Fed (a Wycombe Wanderers) project helps families that "*feel the pinch*" during school holiday, by providing children and their families with cooking tutorials, fun physical activities and a free meal, ensuring children go back to school fit and healthy. A significant number of local families engage with the project, with the support of local schools and CCC being paramount to its success.
28. The Supplementary School runs a once a week provision offering basic skills, numeracy, literacy and personal, social and emotional development through activities for children from the age of 5 to 9. This is currently operating at capacity.
29. CCC work closely with Thames Valley Police on community related matters and have representation on the Independent Advisory Group (IAG) to help develop a community-based approach to policing.
30. Over the last four years CCC has gained considerable experience managing the facility, running services and activities and working in collaboration with statutory and community groups. All activities and service provisions are now well established, with CCC providing a safe and convenient venue for all our users.
31. The CCC is operating at capacity and the opportunity to offer more diverse services and to grow existing services is restricted.
32. As a result of our success, CCC are in the final stages of agreeing a freehold lease with WDC which will be legally signed off by the end of December 2018.

Our Aspirations

33. Whichever option is chosen; this review offers a timely opportunity to look at (where possible) how the community can work in collaboration with the Council to deliver services.
34. CCC is requesting a dialogue with the Council for the Castlefield site to be looked at holistically to allow for services to grow for the local and wider community. Opportunities are available to reconfigure services across the whole site allowing for its transformation into a true community hub.
35. Our aspirations are to:
 - a. **Work closely with providers on site to ensure service provisions is delivered in a safe and secure environment with qualified staff**
 - b. **Better utilise the capacity currently available on site, especially during evenings and weekends**
 - c. **Broaden community based services that are provided at the site**
 - d. **Provide a holistic management solution for the site to include the Castlefield Children's Centre**
36. Through collaboration we will realise synergies that will deliver high quality effective outcomes for the community that will be sustainable, cost effective and provide value for money in line with the appropriate safeguards and legal obligations.
37. CCC welcomes the opportunity to discuss this further to ensure all options are thoroughly explored and the best interests of High Wycombe residents, in particular the community of Castlefield are served.

Khaim Shabbir
Trustee
Castlefield Community Centre (Project of the Karima Foundation)
Rutland Avenue
High Wycombe
Bucks
HP12 3LL

Letter from the chair of the East Wycombe Independent Party



EAST WYCOMBE
INDEPENDENTS

East Wycombe Independent Party
Nabeela Rana (Chair)
16 Hunters Hill
High Wycombe
Bucks
HP13 7EW

11th December 2018

Early Help Consultation

As the Chair of the East Wycombe Independents I write on behalf of our 50 members and over 1000 supporters in the eastern wards of High Wycombe.

We are opposed to the closure of the Children's Centres at both Hampden Way and Micklefield (Wycombe East) as this leaves a whole area of Wycombe without a Family or Children's Centre.

The Centre in Micklefield has already been run down and offers almost no services so this will skew responses to the consultation, as there will be very few families who have regularly used that centre for several years now.

The Totteridge and Bowerdean Centre at Hampden Way is in a Housing Association property so is under threat.

Our members want to see improved Children's Centres or a Family Centre in East Wycombe. The thought that there would be no Family Centre between High Wycombe town centre and Beaconsfield is unacceptable and contrary to the principles of accessible Early Help set out in the proposals.

Yours Sincerely,

Nabeela Rana

Chair, East Wycombe Independents

Appendix 5: Residents' questionnaire

Pro_1614

About you

Q1 Are you responding to this consultation mainly as a...? **Please put a cross (x) in one box only**

- | | | | |
|--|--------------------------|---|--------------------------|
| Parent/carer | <input type="checkbox"/> | Nominated representative of a partner or stakeholder organisation | <input type="checkbox"/> |
| Young person under 18 (or up to age 25 with special educational needs or disabilities) | <input type="checkbox"/> | Other <i>Please specify</i> | <input type="checkbox"/> |
| Member of the public | <input type="checkbox"/> | | |

Q2 Which of the following age brackets are you in? **Please put a cross (x) in one box only**

If you are **under 16** and would like to share your views in the consultation you will need the permission of a parent or carer to do so. Please ask your parent or carer to contact Elizabeth Davies Research Director – BMG Research, by phone on 0121 333 6006 or by email on Elizabeth.Davies@bmgresearch.co.uk and we will arrange for a copy of the consultation questions to be sent to you.

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Under 16 | 16-17 | 18-24 | 25-34 | 35-49 | 50-64 | 65+ | Prefer not to say |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q3 Which, if any, of the following County Council services have you used in the past year? **Please put a cross (x) in as many boxes as apply**

- | | | | |
|--|--------------------------|---|--------------------------|
| <p>Children's Centre Service(s)
Families with 0-5 year olds are provided with support through a mixture of open access provision such as stay and play sessions and targeted support, through one-to-one advice and guidance to running parenting groups. Centres also provide an element of outreach for families in need of additional support.</p> | <input type="checkbox"/> | <p>Support for Parents (through Barnardos)
A service that co-ordinates volunteers to work with families with children 0-8. It provides practical support in the home with parenting, accessing benefits and services.</p> | <input type="checkbox"/> |
| <p>Buckinghamshire Family Information Service
This service is a free and impartial information service dedicated to helping families with children and young people aged 0-19 (or up to 25 for children with a disability) access a wide range of support such as childcare information and services available to children with special educational needs and disabilities.</p> | <input type="checkbox"/> | <p>Support and advice to Young People (through Connexions)
This contract includes managing the Council's statutory data collection duties in regard to young people (post 16) as well as mentoring support. It also provides support for young people in secondary special schools as part of their progression towards adulthood.</p> | <input type="checkbox"/> |
| <p>Family Resilience Service
This service provides support to families who are in need of additional support due to the complexity of or multiple issues they face</p> | <input type="checkbox"/> | <p>Youth Services
This is a targeted referral-based service, working with young people aged 11 to 25 identified as in need of support. The service provides 1:1 support for young people and small group work to support social and emotional development and to develop personal skills.</p> | <input type="checkbox"/> |
| | | <p>None of the above</p> | <input type="checkbox"/> |

Pro_1614

Q4 Typically, how often have you used the following services in the past year?
Please put a cross (x) in one box for each of the following (if you have not used these services please select 'not applicable')

	Twice a week or more	Once a week	Once a fortnight	Once a month	Less than once a month	Don't know	Not applicable
Children's Centre Service(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buckinghamshire Family Information Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Resilience Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for Parents (through Barnardos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and advice to Young People (through Connexions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 If you have used children's centre services, which children's centres have you used in the past year? **Please put a cross (x) in as many boxes as apply**

Aylesbury (Southcourt) Children's Centre	<input type="checkbox"/>	Wendover Children's Centre	<input type="checkbox"/>	Stokenchurch & Hambleden Valley Children's Centre	<input type="checkbox"/>
Early Years Excellence Hub (Elmhurst) Children's Centre	<input type="checkbox"/>	Ivinghoe & Pitstone Children's Centre	<input type="checkbox"/>	Hazlemere & Loudwater Children's Centre	<input type="checkbox"/>
Aylesbury (Berryfields : Quarrendon) Children's Centre	<input type="checkbox"/>	Mapledean Children's Centre (Wycombe Abbey)	<input type="checkbox"/>	Wooburn Green & Bourne End Children's Centre	<input type="checkbox"/>
Buckingham Children's Centre	<input type="checkbox"/>	High Wycombe (Castlefield) Children's Centre	<input type="checkbox"/>	Newtown Children's Centre	<input type="checkbox"/>
Wing Children's Centre	<input type="checkbox"/>	Hamilton Road Children's Centre (High Wycombe Terriers & Amersham Hill)	<input type="checkbox"/>	Amersham Children's Centre	<input type="checkbox"/>
Aylesbury (South West) Children's Centre	<input type="checkbox"/>	Marlow Children's Centre (Foxes Piece)	<input type="checkbox"/>	Burnham Children's Centre	<input type="checkbox"/>
Aylesbury (Oakfield and Bedgrove) Children's Centre (Broughton)	<input type="checkbox"/>	Risborough Children's Centre	<input type="checkbox"/>	Beaconsfield Children's Centre	<input type="checkbox"/>
Early Years Excellence Hub (Bearbrook) Children's Centre	<input type="checkbox"/>	Wycombe (Hampden Way) Children's Centre	<input type="checkbox"/>	The Chalfonts Children's Centre	<input type="checkbox"/>
Waddesdon & Whitchurch Children's Centre	<input type="checkbox"/>	Wycombe (East) Children's Centre (Micklefield: Ash Hill)	<input type="checkbox"/>	Prestwood & Missenden Children's Centre	<input type="checkbox"/>
Steeple Claydon Children's Centre	<input type="checkbox"/>	Wycombe (Disraeli) Children's Centre	<input type="checkbox"/>	Farnham Children's Centre	<input type="checkbox"/>
Haddenham Children's Centre	<input type="checkbox"/>	Wycombe (Millbrook) Children's Centre	<input type="checkbox"/>	Denham & Gerrards Cross Children's Centre	<input type="checkbox"/>
				Chesham (Waterside) Children's Centre	<input type="checkbox"/>
				The Ivers Children's Centre	<input type="checkbox"/>
				Don't know	<input type="checkbox"/>

About the Council's strategy and priorities

The Council's Early Help Service is designed to have clear responsibilities and to deliver support to families in partnership which enable improved outcomes for children and families, as set out in the draft partnership Early Help Strategy which can be found at www.buckscc.gov.uk/earlyhelp

The Council is proposing to refocus its support for families in a new Early Help Service with the following aims:

- Supporting vulnerable children and families to enable them to thrive and achieve real, positive outcomes.
- Integrating services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience.
- Improving access and reducing duplication to enable children and families needing our support to tell their story only once.
- Evidencing the impact of early help to reduce cost pressures on statutory services.

For more information please see the Council's consultation summary document at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children's centre or library where you picked up this questionnaire.

Q6 To what extent do you agree with the Council's proposed aims for its Early Help Service as set out above?
Please put a cross (x) in one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Do you have any other comments on what the aims of the Council's Early Help service should be?
Please write in the box below

Pro_1614

Options for consideration

We want to understand your views on the different options for early help services being considered by the Council. Before responding, we recommend you read the consultation summary document which you can find at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children's centre or library where you picked up this questionnaire.

Please note, we will first ask some specific questions about your views on each of the options, and then you will be given the opportunity to share your views and reasons for these in more detail in an open response question.

Option A: Current model (less 30-35% reduction across all services)

The current range of services would remain broadly the same. The current 35 children's centre buildings will be retained but with a 30-35% reduction in opening hours. This would also mean a 30-35% reduction in the following services:

- Support for vulnerable children and families
- Youth services
- Bucks Family Information Service

Families who receive additional support through family resilience, for example, would also experience reductions in services. This is likely to mean that fewer vulnerable children receive support and there will be longer waiting times.

Further information about this option is available in the consultation summary document which you can find at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children's centre or library where you picked up this questionnaire.

Q8 To what extent do you agree or disagree with **Option A** for delivering an Early Help Service?
Please put a cross (x) in one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 What level of impact (either positive or negative) do you think the Council selecting **Option A** would have on:
Please put a cross (x) in one box for each of the following

	Very positive impact	Positive impact	No difference	Negative impact	Very negative impact	Don't know	Not applicable
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families in Buckinghamshire who need support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Option B: Network of family centres – Council’s Preferred Option

This is the Council’s preferred option. Support for families will be delivered from 14 family centres that will provide a programme of activities for families with 0-19 year olds. Three of the centres (known as ‘family centre plus’) will also provide extra services where families can drop in to access support five days per week.

The family centres will continue to provide partner services e.g. health visiting. The family support teams will have a skills mix to ensure families get the right support at the right time. Families are supported by a lead practitioner who will work with the family, often in the home and coordinate the support families need to create a team around the family to help them tackle the issues they face.

Further information about this option, including a map of proposed family centre locations, is available in the consultation summary document which you can find at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children’s centre or library where you picked up this questionnaire.

Q10 To what extent do you agree or disagree with **Option B** for delivering an Early Help Service?

Please put a cross (x) in one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q11 What level of impact (either positive or negative) do you think the Council selecting **Option B** would have on:

Please put a cross (x) in one box for each of the following

	Very positive impact	Positive impact	No difference	Negative impact	Very negative impact	Don't know	Not applicable
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families in Buckinghamshire who need support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Option C: Area-based family outreach model

This will provide a new integrated service to support families with children 0-19 years old. The Council services will be focused on targeted work with families only. There would be three area teams working from office bases, but these would not be open to the public. This means family support being provided at the family’s home, in school and at local places like libraries and community centres.

There will be no universal provision and **no children’s centres** would be retained by the County Council.

Further information about this option is available in the consultation summary document which you can find at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children’s centre or library where you picked up this questionnaire.

Q12 To what extent do you agree or disagree with **Option C** for delivering an Early Help Service?

Please put a cross (x) in one box only

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13 What level of impact (either positive or negative) do you think the Council selecting **Option C** would have on:

Please put a cross (x) in one box for each of the following

	Very positive impact	Positive impact	No difference	Negative impact	Very negative impact	Don't know	Not applicable
Your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families in Buckinghamshire who need support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Q14 Of the options presented, which is your preferred option? **Please put a cross (x) in one box only**

Option A: Current model
(less 30-35% reduction
across all services)

Option B: Network of
family centres

Option C: Area-based
family outreach model

Don't know

Q15a Do you have any suggestions for alternative ways that the Council could provide early help services not described in options A, B, or C? **Please write in the box below**

Q15b Do you have any suggestions for alternative ways that the Council can deliver £3.1million in savings per annum? **Please write in the box below**

Q16 Under options B & C, some or all, children's centre buildings would be closed as children's centres and proposed to be used for other activities. Further details on possible alternative uses of the buildings are set out in the consultation summary (see page 11) which you can find at www.buckscc.gov.uk/earlyhelp or paper copies of the consultation summary document are provided at the children's centre or library where you picked up this questionnaire.

To what extent do you agree with the Council's proposed approach of seeking to ensure that if children's centres are proposed for closure that the buildings continue to be used for community benefit, and specifically for early years provision (for example extra nursery places) where there is local need?

Please put a cross (x) in one box only

Strongly agree

Agree

Neither agree nor
disagree

Disagree

Strongly disagree

Don't know

Q17 The following list includes all of the children’s centres currently open in Buckinghamshire. Under Option B (the Council’s preferred option) 14 children’s centres would be kept open with an extended widened role to provide support to all families with children aged 0-19 (children’s centres currently support families with children aged 0-5).

Those in bold are the ones the Council would propose to keep open under Option B, and all would be closed under Option C.

Using the list that follows, please tell us which centre is your top priority for keeping open (select one from column A) and which others you would prioritise (select up to 4 from column B). Please note, you cannot select the same centre in both column A and B. **Please note this list continues overleaf.**

Please put a cross (x) in the boxes you want to select

	(A) Top priority for staying open?	(B) Select up to 4 other children’s centres
Aylesbury (Southcourt) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Early Years Excellence Hub (Elmhurst) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Aylesbury (Berryfields : Quarrendon) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Buckingham Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wing Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Aylesbury (South West) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Aylesbury (Oakfield and Bedgrove) Children’s Centre (Broughton)	<input type="checkbox"/>	<input type="checkbox"/>
Early Years Excellence Hub (Bearbrook) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Waddesdon & Whitchurch Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Steeple Claydon Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Haddenham Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wendover Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Ivinghoe & Pitstone Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Mapledean Children’s Centre (Wycombe Abbey)	<input type="checkbox"/>	<input type="checkbox"/>
High Wycombe (Castlefield) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Hamilton Road Children’s Centre (High Wycombe Terriers & Amersham Hill)	<input type="checkbox"/>	<input type="checkbox"/>
Marlow Children’s Centre (Foxes Piece)	<input type="checkbox"/>	<input type="checkbox"/>
Risborough Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wycombe (Hampden Way) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wycombe (East) Children’s Centre (Micklefield: Ash Hill)	<input type="checkbox"/>	<input type="checkbox"/>
Wycombe (Disraeli) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wycombe (Millbrook) Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Stokenchurch & Hambleden Valley Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Hazlemere & Loudwater Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Wooburn Green & Bourne End Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Newtown Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>
Amersham Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>

Pro_1614

Burnham Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Beaconsfield Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
The Chalfonts Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Prestwood & Missenden Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Farnham Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Denham & Gerrards Cross Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Chesham (Waterside) Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
The Ivers Children's Centre	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Would prefer to use another location, please specify where this would be	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		

Q18 Please provide any other relevant information you believe the Council should consider. This might include:

- information on your preferred or least preferred options and your reasons for this;
 - your thoughts on how the different options might affect your family or others;
 - any suggestions for alternative options you think the Council should consider;
 - any reasons the Council should keep a particular children's centre open, or why it should consider closing one;
- or
- anything else you would like to add.

Population questions

The following questions tell us more about you and help us to make sure we have captured views from a cross section of people. We recognise that you might consider some of these questions to be personal or sensitive, in which case you are free not to answer them. The information you provide will be used for the sole purpose of ensuring that we can understand the views and experiences of different groups of people to inform the Council's decisions about Early Help services.

Q19 I identify my gender as... **Please put a cross (x) in one box only**

Male	<input type="checkbox"/>	Something else (Please cross (x) and write in the box below)	<input type="checkbox"/>
Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Q20 Which of the following best describes your ethnic group? **Please put a cross (x) in one box only**

White - English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>	Asian/Asian British – Chinese	<input type="checkbox"/>
White - Gypsy or Irish Traveller	<input type="checkbox"/>	Asian/Asian British - Any other Asian background (Please cross (x) and write in the box below)	<input type="checkbox"/>
White - Any other White background (Please cross (x) and write in the box below)	<input type="checkbox"/>	Black/Black British – African	<input type="checkbox"/>
Mixed - White and Black Caribbean	<input type="checkbox"/>	Black/Black British – Caribbean	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>	Black/Black British - Any other Black/African/Caribbean background (Please cross (x) and write in the box below)	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Mixed - Any other Mixed/multiple ethnic background (Please cross (x) and write in the box below)	<input type="checkbox"/>	Any other ethnic group (Please cross (x) and write in the box below)	<input type="checkbox"/>
Asian/Asian British – Indian	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Asian/Asian British – Pakistani	<input type="checkbox"/>		

Q21 Are you the parent of or a carer for children in any of the following age groups? **Please put a cross (x) in as many boxes as apply**

Under 5	5 to 9	10 to 14	15 to 19	20 to 25 who have a special educational need or disabilities	None of the above	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Are you currently pregnant or have you been pregnant in the last year? **Please put a cross (x) in one box only**

Yes	No	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 Have you taken any of the following types of leave within the past year? **Please put a cross (x) in one box only**

Maternity leave	Paternity leave	Adoption leave	Shared parental leave	None of the above	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pro_1614

Q24 Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more which reduces your ability to carry-out day-to-day activities? **Please put a cross (x) in one box only**

Yes No Don't know Prefer not to say

Q25 Does your child or one of your children have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more which reduces their ability to carry-out day-to-day activities?

Please put a cross (x) in one box only

Yes No Don't know Prefer not to say Not applicable

Q26 Which of the following best describes your religion? **Please put a cross (x) in one box only**

Christian Sikh Other (**Please cross (x) and write in the box below**)
 Hindu No religion Prefer not to say
 Muslim

Q27 Is anyone in your household in work at the moment? **Please put a cross (x) in one box only**

Yes No Don't know Prefer not to say

Q28 What is your home postcode? This information will be used to ensure people from across Buckinghamshire have taken part, it will also be used to understand people's preferences for service locations. If you do not want your information to be used in this way, please select 'prefer not to say' or you can choose to provide only the first part of your postcode **Please write in the box below**

Prefer not to say

Q29 Which of the following districts in Buckinghamshire do you live in? This information will be used to ensure people from across Buckinghamshire have taken part, it will also be used to understand people's preferences for service locations. If you do not want your information to be used in this way, please select 'prefer not to say'.

Please put a cross (x) in one box only

Aylesbury Vale district Don't know
 Chiltern district Prefer not to say
 South Buckinghamshire district Not applicable
 Wycombe district

Many thanks for taking the time to share your views in this consultation.

By completing and returning this questionnaire to us, we will take this as your consent for us to process and analyse the data you have provided.

Your responses will be treated in the strictest confidence. BMG Research abides by the Market Research Society Code of Conduct and data protection laws at all times, including General Data Protection Regulation (GDPR) and the Data Protection Act 2018. You have the right to access your data at any time as well as withdraw your consent to participate.

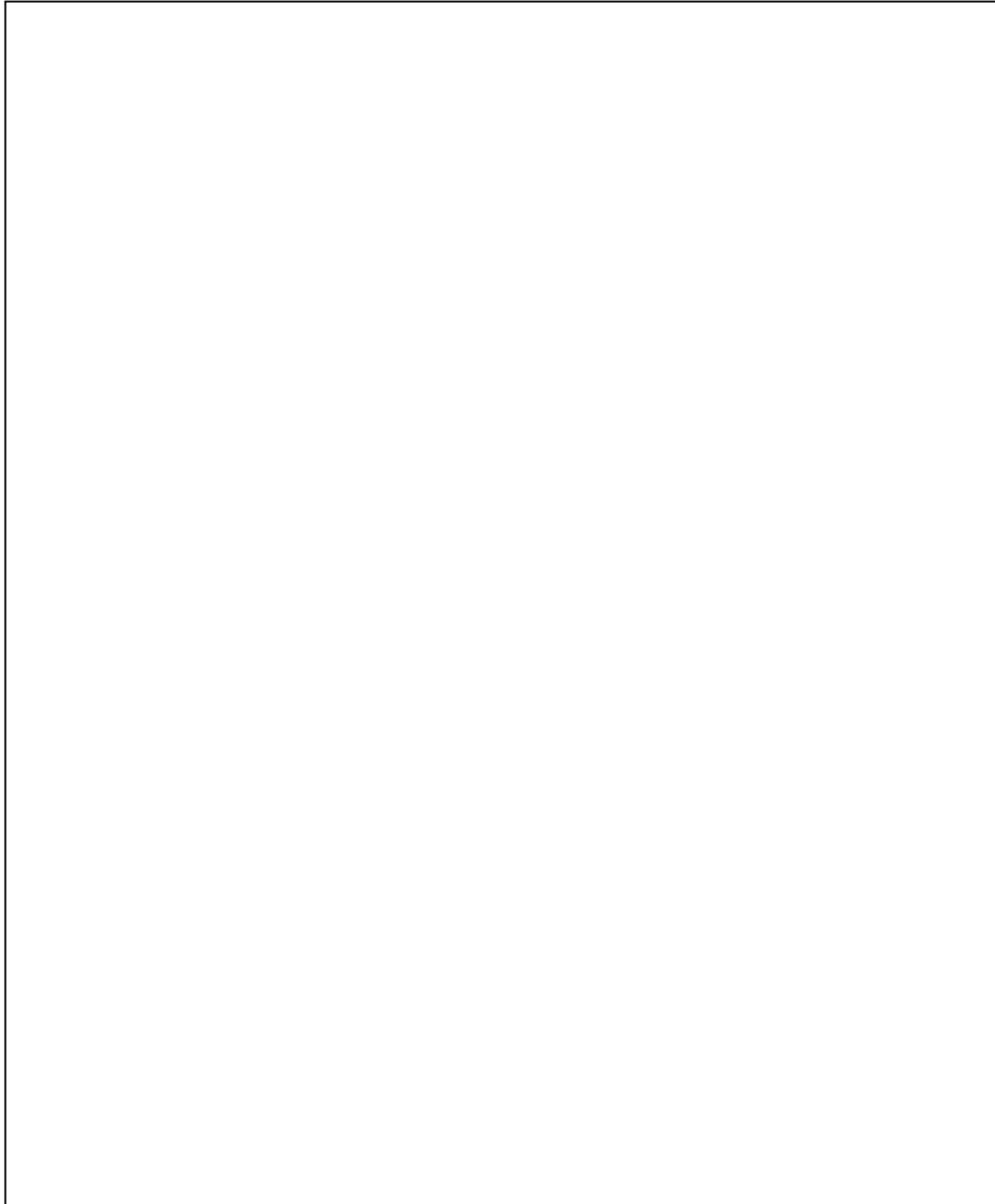
You can find out more information about our surveys and what we do with the information we collect in our Privacy Notice which is here www.bmgresearch.co.uk/privacy

We will not include any information about you that may be identifiable in our reporting for Buckinghamshire County Council unless you provide permission for us to do so.

The results of this consultation will be published and help inform a decision by the Council's Cabinet in March 2019. A report will then be published which will detail the decisions made and the reasons for doing so.

Continuation page

If you would like to expand on your responses to any of the free text boxes in this questionnaire please do so on the following page.



Appendix 6: Statement of Terms

Compliance with International Standards

BMG complies with the International Standard for Quality Management Systems requirements (ISO 9001:2015) and the International Standard for Market, opinion and social research service requirements (ISO 20252:2012) and The International Standard for Information Security Management (ISO 27001:2013).

Interpretation and publication of results

The interpretation of the results as reported in this document pertain to the research problem and are supported by the empirical findings of this research project and, where applicable, by other data. These interpretations and recommendations are based on empirical findings and are distinguishable from personal views and opinions.

BMG will not publish any part of these results without the written and informed consent of the client.

Ethical practice

BMG promotes ethical practice in research: We conduct our work responsibly and in light of the legal and moral codes of society.

We have a responsibility to maintain high scientific standards in the methods employed in the collection and dissemination of data, in the impartial assessment and dissemination of findings and in the maintenance of standards commensurate with professional integrity.

We recognise we have a duty of care to all those undertaking and participating in research and strive to protect subjects from undue harm arising as a consequence of their participation in research. This requires that subjects' participation should be as fully informed as possible and no group should be disadvantaged by routinely being excluded from consideration. All adequate steps shall be taken by both agency and client to ensure that the identity of each respondent participating in the research is protected.

With more than 25 years' experience, BMG Research has established a strong reputation for delivering high quality research and consultancy.

BMG serves both the public and the private sector, providing market and customer insight which is vital in the development of plans, the support of campaigns and the evaluation of performance.

Innovation and development is very much at the heart of our business, and considerable attention is paid to the utilisation of the most up to date technologies and information systems to ensure that market and customer intelligence is widely shared.



Together...Keeping Children Safe

Early Help Strategy

April 2019 - 2022



In partnership
with



Contents

1. Foreword	3
2. What is Early Help?	5
3. Context	7
4. Partnership working context	11
5. Vision, principles and approach	13
6. Outcomes & measuring success	17
Appendix	19



1. Foreword

This Early Help Strategy is central to delivering our partnership ambition for children, young people and their families to thrive and contribute to our community.

This partnership strategy is central to delivering our shared ambition for children and young people. It has been co-produced with partners and reflects the views of children and their families as we recognise that early help is a collaborative approach, not just an isolated service provision. It secures a collective commitment and accountability for the delivery of broad, accessible and responsive early help provision. This approach will empower families to take control over their lives. It also strengthens local networks and builds community capacity to support families and help them develop the skills and independence needed to be less reliant on public and statutory services.

This strategy will steer our joint endeavour to effectively support vulnerable children and families. It sets out how all partners will work together to learn from local and national evidence of what works to ensure that our early intervention is focused on the children and families who need it most. We will use selective targeting through analysis of demographic risks and where identified problems require more intensive support, provide this at the earliest opportunity for those most in need. In this way we are confident we will use our shared resources effectively and deliver sustainable outcomes for vulnerable families. As partners, we are committed to working together to align resources, share learning and develop practice.

This strategy is for staff across Buckinghamshire at all levels. It is supported by multi-agency guidance and procedures which will help front-line practitioners in their everyday working environment.

Together with the Chair and Vice-Chair of the Children's Partnership Board, we would like to commend this Early Help Strategy to you.



Warren Whyte
*Cabinet Member for
Children's Services*



Tolis Vouyioukas
*Children's Partnership Board
Chair and Executive Director
for Children's Services*



Debbie Richards
*Children's Partnership Board
Vice-Chair and Director of
Commissioning and Delivery
for Buckinghamshire CCG*



This strategy will:

- Explain what we mean by early help in Buckinghamshire
- Share the values that underpin the development and delivery of services
- Set out Buckinghamshire's ambition for the impact of early help
- Outline how we will know we are making a difference: our success criteria evidenced by an effective performance monitoring
- Hold partners to account for effective early help delivery

2. What is early help?

Early help is the identification of and response to emerging problems children, young people and their families face. It is a way of working that supports families to overcome these challenges and avoids things becoming worse and harder to resolve. Timely and flexible support is evidentially better for children and families, prevents escalation and is as a result, more cost effective. Early help is provided through a range of different services: universal which are open to all, targeted provision, and specialist services. It is also embedded in communities where provision is available to families through informal support, local networks and voluntary activity which add real capacity and value to our collective early help offer.

“Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people and aims to stop those problems from becoming entrenched”

Early Intervention. Dept for Children Schools and Families (2010)

“Early intervention means identifying and providing early support to children and young people at risk of poor outcomes, such as mental health problems, poor academic attainment, or involvement in crime or antisocial behaviour. Early intervention is relevant at any age from conception to early adulthood. It involves a wide range of activities. It is more intensive than or additional to the help that is typically available through universal services such as early years settings, schools and GP’s”

Realising the Potential of Early Intervention, EIF (2018)

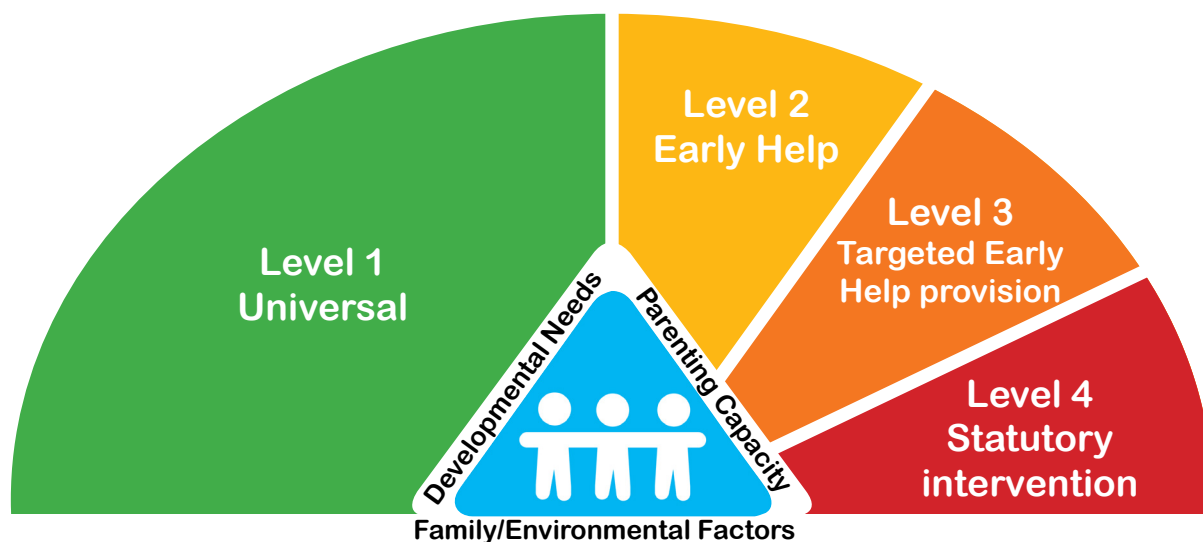
Effective early help relies upon local organisations and agencies working together to:

- Identify children and families who would benefit from early help.
- Undertake an assessment of the family or child's needs for early help.
- Provide appropriate targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Early help in Buckinghamshire consists of all the support available to children and families at levels 1, 2 and 3 of the Buckinghamshire Safeguarding Children Board's Thresholds document. It also enables children and young people moving away from statutory support (level 4), to sustain the progress they have achieved and promote their increasing independence.

A full copy of the Thresholds document can be viewed on the following webpage:

http://www.bucks-lscb.org.uk/wp-content/uploads/BSCB-Procedures/Thresholds_Document_Sept_2015_final.pdf



Level 1 – children whose needs are met within universal services. May need limited intervention to prevent needs arising (universal – available to all)

Level 2 – children with additional needs identified that can be met through a single agency response and partnership working (early help)

Level 3 – children with multiple needs requiring a multi-agency coordinated response with a lead professional (targeted early help provision)

Level 4 – children with a high level of unmet and complex needs or a child in need of protection (statutory intervention).

3. Context

The Buckinghamshire context

In Buckinghamshire, there is strong political and organisational support to ensure that the early help offer is visible, accessible and contributes to both the Children's Services improvement journey, in response to the 2018 Ofsted inspection judgement and the delivery of the SEND reforms to improve outcomes for children and their families in Buckinghamshire.



Buckinghamshire has a total population of approximately 534,700. 30% of the population is aged 0-24 years, slightly higher than the South East (24%). The population overall has increased by 29,400 (4.6%) from 2011 to 2016 and is projected to increase by 107,200 (20%) from 2015 to 2039. Although a largely rural or semi-rural county, a quarter of residents live within the towns of Aylesbury and High Wycombe. A third of residents live in rural areas, compared to 20% across the South East (ONS Mid-Year Estimates 2015).



Approximately 122,200 children and young people under the age of 18 years live in Buckinghamshire. This is 22.9% of the total population in the area (534,700 people), which is slightly above the English average of 21.3%. Currently, the population aged 0-19 tends to be clustered to the south of Buckinghamshire in Wycombe, Chiltern and South Buckinghamshire. There are fewer young people in the more rural areas. By 2031, Aylesbury and Wycombe will be home for 70% of 0-19 year olds.



Buckinghamshire is home to an increasingly diverse population - 21% of the 0-19 year old population is of an ethnic minority (Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME), compared to the South East average of 14% (based on Census 2011). It is estimated that the BAME population aged 0-19 year will reach 47,000 by 2031 compared to 26,000 in 2011, making Asian and Asian British the largest groups in the younger and adult populations. To accommodate the rising population in the county, significant building is anticipated in Buckinghamshire including the need for affordable housing. From 2013 – 2033 it is estimated that there is a need for 9,600 affordable homes and 15,000 high specification dwellings across Buckinghamshire. The majority of new house builds will be around Aylesbury and High Wycombe and around the northern county border with Milton Keynes.

Around two thirds of demand for Children’s Services is situated in:

- **Aylesbury and High Wycombe**, which together account for approximately half of all service users
- **Chesham** is the next biggest town in terms of service users - between 5 and 8%
- **Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough** all have high proportions of service users across children’s services
- **Rural areas** account for between 5% and 11% of service users depending on the service

Overall increases in demand for statutory services over the last five years are included in the table below. In line with national trends, escalating demand into statutory social services are further grounds for increasing our focus on targeted and timely early intervention and the positive impact this can have on improving the lives of children and families. This requires a partnership approach to maximise early identification opportunities and responding quickly to provide proportionate and effective early help support. We know this will prevent matters from becoming worse and will enable children and families to be self-reliant and able to face new challenges without the need for statutory intervention or further early help.

Service	% increase 2013 - 2018
Children in Need ¹	53%
Children subject to Child Protection	160%
Children Looked After	14%
Youth Offending service clients	42%



¹ Children in need as defined by the Department for Education. This includes every child who had an open referral at some point during the year whose referral decision was not “No Further Action”. This will include all the CP and CLA but it will also include children on CIN Plans and those who were assessed but did not then progress to a plan.

Drivers for change - National context

National evidence is informing policy development towards a more co-ordinated, problem solving service delivery model to ensure better use of resources. Many local authorities have already taken decisions to streamline and co-ordinate early help services. This provides a more integrated service offer and enables them to target resources at those most in need of support to achieve sustainable outcomes for children and families reducing demand on statutory services.

Work undertaken by the Early Intervention Foundation, the Local Government Association, Washington State Institute for Public Policy, the Dartington Social Research Unit, MP Frank Field's review on the Foundation Years, MP Graham Allen's review of early intervention, among many others provide a growing body of evidence that early help can reduce demand on more reactive and expensive services.

Enabling children, young people and their families to reach their full potential has been a common theme in recent reviews commissioned by successive governments (Munro, Marnet, Tickell). They all independently reached the same conclusion that it is important to provide help early in order to improve outcomes. Nationally, interest is growing in an evidence base for early intervention, in particular a need to demonstrate effectiveness to produce cost savings in more specialist and acute services. It is important to recognise that early intervention is not a one-off fix but a highly targeted process and approach – a way of working with specific outcomes.

Multiple or complex challenges impact negatively on a family and children living within that family. It is the combination of problems which has most impact on children. Problems for children commonly appear in the early years and in adolescence – key times for brain development as well as physical development.

“While early intervention cannot solve all problems, it can substantially improve children’s lives if it is delivered to a high standard and is directed to the children and families who need it the most.”

Realising the Potential of Early Intervention”, EIF (2018)

“The wider, long term benefits that accrue to the whole of society have the potential to provide the biggest pay-offs. They are critical to understanding the value of early intervention and why it should be prioritised.”

Realising the Potential of Early Intervention, EIF (2018)

Many early help services are focused on a particular age group, a single issue or one approach. Feedback from children and families captured nationally has consistently shown that this is not the best approach to improve outcomes and build resilience.

Problems within a family invariably link together and impact across the family. For example, parental mental health issues are likely to impact on their employability but also on the attendance, behaviour and attainment of their children in school. Similarly, one child's serious or long term disability or learning difficulty brings both mental and financial pressures onto the whole family, while domestic abuse or relationship problems are proven to have serious consequences for the long term outcomes of children. These families with multiple needs: mental ill-health, domestic abuse and substance abuse are all indicators of increased risk of harm.

“A single disorder can negatively affect parents’ capacity to meet their children’s needs, but the co-existence of these types of problems has a much greater impact on parenting capacity.”²

Tackling one problem or one individual is less likely to be effective than dealing with everything that is going on for the family as a whole. In Buckinghamshire, the early help lead practitioner model enables coordination of effective multi-agency support for families and children, to provide the best opportunity of positive outcomes.

² Children’s Needs - parenting Capacity. Child abuse: Parental mental illness, learning disability, substance misuse and domestic violence. 2nd Edition (2011) Heady Cleaver, Ira Unell, Jane Aldgate. London TSO. (page 202)



4. Partnership working context

This document will steer and enable partners to help deliver the four priorities in the current Children's and Young People's Plan.

1. **Keep children and young people safe and in their families wherever possible**
2. **Enable and support children, young people, parents and carers to overcome the challenges they may face**
3. **Improve children and young people's health and well-being**
4. **Provide opportunities for children and young people to realise their full potential**

The Children's Partnership Board

The Children's Partnership Board is responsible for providing strategic direction and oversight of the implementation and delivery of early help in Buckinghamshire. The group develops and owns the Early Help Strategy, and monitors and evaluates the impact of early help described in the joint performance framework.

Buckinghamshire Safeguarding Children Board

Local Safeguarding Children Boards are multi-agency partnerships that are responsible for coordinating local arrangements for safeguarding and promoting the welfare of children and ensuring that these arrangements are effective. The Buckinghamshire Safeguarding Children Board will monitor the effectiveness of early help across the partnership and supports multi-agency training and a consistent understanding of Buckinghamshire's early help approach amongst all stakeholders.

The impact of our early help offer will deliver the outcomes described in this strategy and will be jointly scrutinised by the Children's Partnership Board and the Buckinghamshire Safeguarding Children Board to ensure high quality early help services are delivered. This strategy also aligns with the work that is being led by the Integrated Care System Partnership Board.



The partners critical to the success of the Early Help Strategy include:

- Children, young people and families
- Buckinghamshire District Councils
- Buckinghamshire Clinical Commissioning Group
- Buckinghamshire College Group
- Buckinghamshire County Council
- Bucks Healthcare NHS Trust
- Schools and Early Years settings
- National Probation Service
- Parent Carers Forum
- NHS England
- Oxford Health Foundation NHS Trust
- Public Health
- Thames Valley Police
- Thames Valley Probation (Community Rehabilitation Company)
- Youth Offending Service
- Voluntary and Community Sector

5. Vision, principles and approach



Our Vision

We want all children and young people in Buckinghamshire to live in resilient families, to be happy, safe and healthy, and to grow up with skills, knowledge and attributes to be confident and independent, ready for adult life.

As partners we will work together and alongside volunteers and communities to provide a seamless service for children and their families. This will prevent the escalation of need and ensuring targeted, timely interventions that achieve positive outcomes for children and families which are supported by effective multi agency practices.

Our ambitions



Thriving children, young people and families with real, positive outcomes.



Building and improving family and community resilience.



Stronger partnerships making effective use of all resources.



Children and families only have to tell their story once.



Moving resources from statutory services to Early Help provision over time.



Our Principles

The early help partnership has adopted the following shared principles:

Work to families' strengths – recognising and developing existing strengths of children, parents and carers and take the time to understand their needs fully.

Focus on preventing problems before they occur and offer timely, flexible and responsive support when and where it is required.

Build the resilience of children, young people, parents and communities to support each other.

Work together across the whole system aligning resources to best support families to do what needs to be done when it needs to be done.

Base all that we do on evidence of what works, what is needed and what will be effective for families. We must be brave enough to innovate and honest enough to stop things that are not working as well as we want.

Be clear and consistent about the outcomes we expect and measure our performance against them.



Our Approach

To be effective, early help requires full commitment to consistent, solution-focused, multi-agency working. We recognise that all professionals within the partnership have vital contributions to make to improve the quality of life of children, young people and their families. As a child or family can experience a range of problems all at once, early help requires a multilevel, holistic family approach. Early help is about working with children and families together - a truly collaborative approach to providing effective support.

Our work is underpinned by a commitment to:

- Be pro-active.
- Early intervention is 'everybody's business'
- Protect the most vulnerable
- Promote resilience, independence, health and wellbeing
- Make better use of collective resources
- Develop a confident partnership workforce

Early help - delivered in partnership

In Buckinghamshire, early help is a collaboration between Council services and the wide range of organisations who work with children and families. Early help services cannot be viewed in isolation, but instead as a complimentary continuum of support from universal services through to statutory or acute provision, all of which are focussed on improving the lives of children.

The delivery of our early help strategy is predicated on a joint commitment to shared outcomes, which will evidence the impact we make for families by intervening early and providing the right support at the right time, enabling sustainable outcomes and building family resilience. A critical ingredient to successful working is the commitment of individuals and families to make changes in their lives.

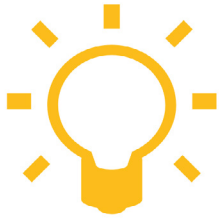
Early help provides support for those children, young people and families at risk of poor outcomes. All our work is child and family-centred, consent-based and focussed on working collaboratively with families to overcome the issues they face, build their resilience and leave them better able to manage future challenges.

Families who may require early help are identified by a wide range of practitioners, in many different ways, for example:

- A health visitor sees a family finding it difficult adapting to a new baby at home
- A member of school staff observes that a child may have behavioural or emotional issues
- A school nurse notices a young person's persistent absence from school
- An antisocial behaviour officer is worried that a young person may be putting themselves at greater risk of offending or entering the criminal justice system
- An adviser is concerned that a parent may be subject to a benefit sanction
- A housing officer notices a family struggling with debt and at risk of eviction
- A drug or alcohol worker feels that children in the family home may be vulnerable through the risk taking behaviour of adults
- A social worker feels there is a need for additional support for a child even though there are no child protection concerns
- A youth worker is concerned that a young person is at risk of sexual exploitation
- A General Practitioner recognises that a child is struggling to cope with his/her parent's separation
- A probation officer identifies that an individual, with children, may be having problems settling back into their family home

Buckinghamshire early help model

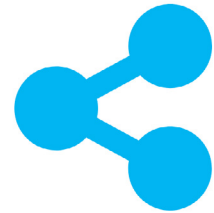
Our early help partnership offer is delivered through our integrated network and core Family Support Service operating across three locality networks which are:



Proactive
in terms of the early
identification of need.



Targeted
provision of support
to those children and
families most in need.



Connected
to partners, providers
and critically, families
and communities.

We are committed to using our network of family centres to support the identification of emerging needs and provide informal and peer support at a universal level. Our early help offer will be timely, responsive and flexible, available to those in most need and, by establishing and maintaining strong links to schools, early years settings and health providers we will increase our ability to work together for the benefit of the children and families who need our support.

A strong, vibrant and valued community and voluntary sector will add depth and variety to the early help offer and create greater community and individual resilience to promote independence and reduce reliance on formal service provision.

Our locality teams are based in accessible community settings and provide direct, practical support for children, young people and families. Lead practitioners coordinate agreed support plans that are developed through a clear understanding of the family context, needs and support priorities. By working together with the family and key partners, we will all contribute towards achieving the outcomes we have agreed with the families we are supporting.

Our integrated teams have a range of skills and specialist staff in key areas such as SEND, youth work, parenting and early years. This will ensure that the support offered is appropriate both in terms of age and the issues faced. Working alongside other professionals as a team around the family, this model will provide effective targeted and outcome focused support. We will strengthen our links to schools and settings to ensure that, together with education colleagues, we are enabling all children to achieve their potential. This will be achieved through provision of appropriate support for them and their families, which recognises all service users as individuals with specific needs, ambitions and strengths.

6. Outcomes

We will know we have been successful if the following outcomes are delivered:

Children and young people are:

- Safe, happy and confident
- Resilient, engaged and able to learn well
- Supported by their families and communities and, when necessary, by professionals to thrive and be successful

Communities:

- Accept collective responsibility to support children and parents
- Utilise local assets and skills to build community capacity that supports social support networks
- Are providing sustainable support through individuals, community groups, business and voluntary organisations
- Are understood and valued by practitioners as being part of the early help solution

Parents:

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

Practitioners:

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



Measuring success

As an Early Help Partnership, we have an agreed framework which provides core performance indicators which evidence the impact of our early help support in key areas which impact on children's outcomes. This is reported quarterly to the Children's Partnership Board and Buckinghamshire Safeguarding Children Board.

Individual agencies within the partnership retain responsibility for the provision of data to support reporting against this framework. We will include feedback directly from children, young people and families to understand the impact that we have on their lives, as part of our measures of success.

In all areas, success will be measured by the outcomes experienced by children, young people and their families. We will also use national and peer group benchmarking to ensure that together, our partnership is delivering appropriate outcomes.

Buckinghamshire Early Help Partnership Performance indicators

Hearing the child's voice and its influences on the family journey

- Children, young people and families will tell us we have made a difference through feedback from service users

Right Service, Right Time

Reductions in:

- Number of contacts into First Response (Children's Social Care)
- Number of referrals into Children's Social Care
- Number of re-referrals to Children's Social Care (within 12 months of previous plan completion)
- Number of children and young people requiring statutory intervention

Increase in:

- Share of contacts (%) received in First Response, allocated to early help services
- Number of early help assessments
- Number of young carers identified and young carer assessments completed
- Number of contacts signposted effectively via appropriate information, advice and guidance or to Bucks Family Information Service (BFIS)

Reductions in:

- Number of Post 16 young people who are Not in Education, Employment or Training NEET/unknown
- Number of fixed term exclusions from school for children and young people
- Number of permanent exclusions from school for children and young people
- Number of Education Health Care Plans (EHCP) assessment requests
- Incidents of Anti-Social Behaviour relating to families with children under 16
- Number of first time entrants to youth justice system

Improving educational outcomes and opportunities for all

- Increased attendance for school age children engaged with early help services
- More adults in paid work and less reliant on benefits

Appendix

Useful links

Children's Services strategies including the Children's Strategy 2016-18

<https://www.buckscc.gov.uk/services/council-and-democracy/our-plans/our-strategic-plan/childrens-services-strategies/>

Buckinghamshire County Council Strategic Plan

<https://www.buckscc.gov.uk/services/council-and-democracy/our-plans/our-strategic-plan/>

Thresholds document

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Further Guidance on the Thresholds document

<http://www.bucks-lscb.org.uk/professionals/thresholds-document/>

Good Practice Guide/Early Help Toolkit

<http://www.bucks-lscb.org.uk/professionals/early-help-toolkit/>

Safer Bucks Plan 2016-2017

<http://www.buckscc.gov.uk/media/1287/safer-bucks-plan-2016-17.pdf>

Special Educational Needs & Disabilities Strategy

<https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/advice.page?id=ginScCY9QWo>

Early Intervention Foundation

<http://www.eif.org.uk/>

Understanding the development of an effective local early help offer. LGA

http://ncasc.info/wp-content/uploads/2018/11/TW3_ISOS_LGA.pdf

How early intervention can improve outcomes for children, Early Intervention Foundation

<http://ncasc.info/wp-content/uploads/2018/11/TW3{EIF}.pdf>

Realising the Potential of Early Intervention.

<https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>

Early Intervention: securing good outcomes for all children and young people. Department for Children Schools and families 2010

www.dcsf.gov.uk/everychildmatters

Working together to Safeguard Children . Department for Education 2018

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Together...Keeping Children Safe

Proposed design for new Family Support Service



Proposed design for new Family Support Service

This paper sets out an overview of the proposed design for the new Family Support Service in Buckinghamshire.

Service design proposal

The proposed early help model will provide the opportunity to ensure children and families receive the right support, at the right time, in order to improve their outcomes. Together with our partners, we will support the most vulnerable children and their families and prevent problems from becoming too complex to resolve. Working together to achieve sustainable outcomes, we can avoid the need for statutory intervention.

Family support is not just about services for families with young children. The Council also has a responsibility to provide support to families with children of school age and older. One of the challenges for many families with more than one child is easily finding the help needed to address the issues they face which can affect the whole family. Buckinghamshire's new Family Support Service will be available and relevant to families with children and young people aged 0-19 (or up to 25 for those children with special educational needs or disabilities).

Service aims

The vision for the new Family Support Service is:

“That all children and young people in Buckinghamshire are enabled to live in resilient families, to be happy, safe and healthy, and to grow up with skills, knowledge and attributes to be confident and independent, ready for adult life.

As partners we will work together, and alongside volunteers and communities, to provide a seamless service for children and their families. This will prevent the escalation of need and ensuring targeted, timely interventions that achieve positive outcomes for children and families which are supported by effective multi-agency practices.”

We will work to achieve this vision through:

- Supporting vulnerable children and families to enable them to thrive and achieve positive outcomes.
- Integrating services, creating stronger partnerships, and making effective use of all available resources to improve family and community resilience.
- Improving access and reducing duplication to enable children and families who need our support to reach appropriate services and tell their story only once.
- Evidencing the impact of our early help offer so that over time, where possible, resources can be moved from statutory services to early intervention provision.

Key benefits

There are three key benefits of an integrated Family Support Service:



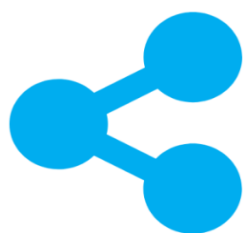
1. Targeted support for those in need

- Specialist practitioners in key areas: including special educational needs, domestic abuse, and parenting.
- A pro-active focus on identifying those who can benefit most from early help.
- A named key worker for each family with a support plan to co-ordinate activity to address the family needs, achieve agreed outcomes and sustain improvements.



2. Improved access to support

- Residents will be able to access services through a variety of ways: including self-referral and via professionals such as GPs, health visitors and schools.
- Open access stay and play sessions for babies & toddlers, held at family centres across the county.
- An enhanced Buckinghamshire Family Information Service website, including new self-help online tools.



3. Better connected

- Three area family support teams working jointly with key partners, particularly schools and health colleagues to identify and support vulnerable families.
- Each school will have a named link family support worker to improve early identification and multi-agency early intervention, supporting families with emerging needs.
- Each area family support team will have a dedicated officer to develop community capacity and grow local networks, encouraging independence and building resilience.

The new service model is an integrated, locality-based offer which is a significant departure from the current range of directly delivered and commissioned provision.

This will enable children, young people and families to access a network of 16 family centres offering:

- Open access (universal) sessions for families with children aged 0-5 (on average 2 sessions per week, per centre).
- Access to health clinics and drop-in sessions run by health professionals.
- Programme of targeted activities to support families 0-19 (up to 25 for those with special educational needs or disabilities) with specific challenges.
- Parenting group sessions, youth mentoring, support for young carers, Not in Employment, Education or Training (NEET) support, healthy eating, budgeting and benefits and other community-led activities.
- Drop-in support, advice and guidance at Family Centre Plus sites, five days a week.

Family Centre Plus sites will be open for families to drop-in to get advice and to discuss any issues. Health services will also be delivered from these centres, providing additional expertise and opportunities to identify emerging concerns that might require additional support.

There will be three area teams and each will comprise staff with different specialist skills to provide support to families. Staff with a range of specialist skills will provide responsive and flexible services.

Family Support Service responsibilities

The Family Support Service will:

- Promote the early identification of emerging needs and responding appropriately to prevent problems from becoming too complex to resolve.
- Deliver a range of family support services that meet the current and future needs of children and families, which do not meet the statutory threshold for children's social care.
- Provide early years open access sessions across the network of family centres to promote informal support, peer networks and the early identification of need.
- Co-ordinate and develop bespoke, localised programmes of activity for children, young people and families across the family centre network.
- Build effective partnerships that increase capacity and strengthen the way in which health, schools and support services work together to help children and families.
- Promote universal support and family activities through the Buckinghamshire Family Information Service.
- Enhance support for children with SEND and their families by promoting the Local Offer and ensuring that specialists within the Family Support Service help build parental knowledge and confidence, enabling their children to thrive.
- Simplify pathways to support for families by improving communication and cooperation across partner organisations.
- Demonstrate impact through evidence-based performance reporting.

Accessing services

A key aspect of the development of the new Family Support Service is to improve access to support for people whose needs can be met by a universal service, as well as those with greater or more complex needs.

This will require better interface with other services and partner agencies and in particular with mainstream and special schools, health practitioners and community groups. This will ensure that we focus on the identification of emerging needs so that we can provide appropriate and timely support.

We plan to invest in, and enhance, the current Buckinghamshire Family Information Service. We want to make it easier to find information quickly by reducing the number of 'clicks' through the introduction of simpler site navigation. We are also looking to add new, self-help modules, which will enable visitors to the site to self-assess, deal with and develop their own action plan to help them with the issues they face. Visitors will be able to self-refer to the Family Support Service at any time.

In addition, the new Family Support Service will have early help staff in First Response, working alongside colleagues, assessing and allocating contacts received by Children's Services. This approach will help connect key elements of children's support services with referring agencies, providing information, advice and guidance. This will promote the approach that wherever possible and safe, children and families are supported at universal or emerging needs levels, rather than escalating to statutory intervention. This will also contribute to our goal of reducing demand into children's social care.

Family centres will offer open-access sessions, where parents and young families (children 0-5) can attend and speak informally to early years staff. We are working closely with health providers to ensure that where possible, services will be delivered concurrently from family centres, to make sure families are able to access partnership early help services.

Critical success indicators for the new service are:

- Reduction in number of contacts into First Response (Children's Social Care) from schools.
- Reduction in the number of cases previously closed to social care that are re-referred within 12 months from closure.
- Increased percentage share of contacts received in First Response, allocated to early help services.
- Number of early help assessments completed.
- Number of contacts signposted effectively via appropriate information, advice and guidance or to Buckinghamshire Family Information System (BFIS).
- Increased attendance for school age children engaged with family support services.
- Reduction in number of Post 16 young people who are Not in Education, Employment or Training (NEET / unknown).
- Reduction in number of fixed term exclusions from school.
- Reduction in number of exclusions from school for students with SEND.
- Reduction in the number of students permanently excluded from schools.
- Reduction in the number of Education Health and Care Plan assessment

requests.

Family centre activities

Each family centre will have a programme of activities and services on offer which reflects local need. This will include community and voluntary sector activities. Examples of the range of sessions offered might include:

Age range / target group	Activity
Children 0-5 and parent / carer	Drop-in Play and Stay
	Health provision including: <ul style="list-style-type: none"> • developmental checks • baby weighing • pre and post-natal clinics
	Speech & Language sessions (e.g. Little Talkers)
	Messy play
	Breast feeding support
	Post-natal well-being
School-age children	Mentoring for young people
	Young carers support
	Pre-NEET support and guidance
	Employment advice for post 16 young people
Parents and families	Family mediation
	Parenting advice and parenting courses
	Benefits and money advice
Local residents	Community and Voluntary group meetings

APPENDIX A

Examples of how the Family Support Service would work

Example 1: Peter, single dad



Peter is feeling overwhelmed by trying to cope with the behaviour of his teenage son who has obsessive-compulsive disorder, an anxiety disorder. Peter's son is lashing out and can be violent, causing damage to the house.

Accessing Support

Peter goes online and finds some information on the Buckinghamshire Family Information Service website. He decides to complete the online Family Support Service self-referral form.

Within a few days Peter is phoned by an officer in the Family Support Service to understand the situation and to arrange a home visit.

Support Provided

Sharon, a Family Support Worker with expertise in working with children with special educational needs meets with Peter and together they develop a support plan. Actions include:

- Developing Peter's parenting skills to enable him to identify what triggers his son's challenging behaviour and help him better understand and respond to his son's condition and influence his behaviour.
- Sessions held with his son to understand his perspective and allow this to inform actions to improve the relationship.
- Working with the school to ensure appropriate support is in place and establish consistent school-home routines to reduce negative behavioural triggers.
- Providing Peter with contacts for community-based organisations that provide support, peer networks and respite sessions.
- Engage with the Child and Adolescent Mental Health Service (CAMHS) to ensure the Family Support Plan compliments their work.

Positive Outcomes

The outcomes include:

- Son feels able to talk to his dad about his feelings on an ongoing basis, which helps improve their relationship.
- Peter puts in alternative routines and adapts home-life to minimise the triggers for challenging behaviour, so reducing aggressive incidents.
- Peter feels less isolated and more confident in his parenting to able to manage his son's behaviour. His mental health and wellbeing is significantly improved from the interventions.

Example 2: Sandra and Malcolm with four children



Sandra and Malcolm have been married for 10 years and have four children; the oldest is nine years old. Concerns have been raised over Malcolm physically chastising one of the children. Sandra also has low self-esteem and potentially has mental health issues. The family are distrustful of social care and have threatened to leave the country if they get involved.

Accessing Support

The children's school are worried about the family and contact the named link officer in the local Family Support Service to seek support.

With the consent of Sandra and Malcolm, the school arrange an initial meeting between the family and the link family support worker.

Support Provided

Sarah, the family support worker who has a specialist background of working with families meets with the family to talk to them about how they view any problems and their potential support needs.

The views and wishes of the children are captured and used to inform the plan. A family support plan is agreed which includes:

- Sarah working on a 1:1 basis with Malcolm to help him understand the impact of physical chastisement, which helps to safeguard the children.
- Coaching Sandra and Malcolm on different aspects of their parenting, including routines and boundaries, rewards and sanctions, family time and co-parenting.
- Parenting course scheduled at their local family centre.
- Sandra supported to access appropriate support via her GP to explore her emotional and mental wellbeing.

Positive Outcomes

The outcomes include:

- Malcolm no longer resorts to physical chastisement as he is better able to deal with negative behaviours and feels confident in managing the children's behaviour.
- All the children feel their relationship with their dad has improved and enjoy spending time with him.
- School reports an improvement in the engagement of the children in their lessons and learning outcomes.
- Sandra's self-esteem is improving and she has a better understanding of her feelings and the confidence to seek appropriate medical supervision and care when needed.
- Sandra has started volunteering three hours a week at her children's primary school, which is building her confidence.

Example 3: Adel, single new mother



Adel is a single mother with a baby boy aged 3 months. She has recently moved to Buckinghamshire and is feeling isolated and finding it hard to cope.

Adel attends a health clinic, run by the health visiting team, at her local village hall to get her baby weighed. Adel gets chatting to Dave, a member of the Family Support Team, who is running a stay and play session alongside the health clinic. During the conversation the staff member encourages Adel to talk about how she is feeling.

Accessing Support

Dave gives Adel information about a voluntary mums group that is run in the local area and encourages her to give it a try.

He also tells her about the local Facebook groups and Buckinghamshire's Family Information Service website to find out about other activities that she can attend.

Positive Outcomes

Adel starts to attend the weekly stay and play group on a regular basis.

Adel also starts to make new friends via one of the Facebook groups and they are planning to meet up for coffee.

She starts to like the people she meets in the area and feels part of the local community.

Family Centre Site Locations Report

Summary

There are currently 35 children's centres and 2 satellite sites across Buckinghamshire. This report sets out the proposed site locations for 16 family centres (at retained children's centre sites) and proposals for closing 19 children's centres (and 2 satellite sites) and their future use.

The annexes at the end of this report include:

- A – Site choice rationale
- B – Maps of proposed family centre locations
- C – Alternative use for buildings proposed to be closed as children's centres

The Family Centre Network

1. As part of the Council's proposed service delivery model, services would be delivered from 16 buildings across the county, as well as through online and telephone services, and individual support delivered at family homes or at other community venues. The overall number of fixed delivery sites is proposed to ensure localised delivery and reach across the county.
2. All family centre sites are proposed to be retained children's centre buildings in order to ensure a continuing focus on the delivery of early years provision, as well as widening the use of the building for the benefit of families with older children. The family centres would continue to operate as the locations for the Council's children's centres with continuing registration of use with the Department for Education (DfE), and in accordance with all statutory requirements.
3. Currently, the existing children's centre buildings are in many cases under-utilised and are not cost-effective to maintain. Efficiencies from a reduction in the running costs of buildings means that more funding is available for service delivery.

New site location considerations

4. The Council has considered how best to meet its statutory obligations in relation to the selection of sites for retained children's centres and service delivery.
5. In particular, attention has been made to follow the relevant requirements under the following sets of guidance:
 - Working Together to Safeguard Children 2018, DfE¹
 - Statutory guidance on children's centres 2013, DfE²
 - Statutory guidance on the roles and responsibilities of the Director of Children's Services 2013, DfE.³
6. In line with the Working Together to Safeguard Children 2018 Statutory Guidance, the factors used as the basis for site consideration included evidence on the needs of different localities (as published in a research report), which were informed by the Joint Strategic Needs Assessment (JSNA). The service design model and types of services to be delivered at family centres is also informed by consideration of evidence on the effectiveness of current services (as set out in an options appraisal).
7. To meet the Council's statutory duty to ensure sufficient children's centres within the area, as set out in the statutory guidance on children's centres 2013, consideration has been given in particular to:
 - The accessibility of children's centres and their services, taking into account the distance and the availability of transport.
 - The evidence in regard to each children's centre with a presumption against closure, unless the Council has the supporting evidence to demonstrate that the most disadvantaged would not be adversely affected.
8. The Council has also given consideration to the need to meet its statutory obligation to ensure sufficient high quality early years provision across Buckinghamshire.
9. A range of factors have informed the proposals regarding which children's centre buildings to be retained and used as family centres. These include:

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678913/childrens_centre_stat_guidance_april-2013.pdf

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/271429/directors_of_child_services_-_stat_guidance.pdf

- a) **The views of the public and partners**—See consultation report provided by BMG Research, Appendix 1 of the Cabinet papers.
- b) **Overall need levels by area**—The identified need of children and families for additional support was considered based upon the analysis set out in the research report for this review (see background papers). This research report identified composite needs based on a range of five risk factors:
- Domestic Violence
 - Assault
 - Mental Health
 - Neglect
 - Substance Misuse
- c) **Population density**—At least one family centre is proposed in each of the three largest towns in the county: Aylesbury, Wycombe and Amersham. One of these centres per town will be called family centre plus sites and deliver services five days a week with drop-in access.
- d) **Coverage and reach across Buckinghamshire**—Buckinghamshire is a rural county which means that not all towns are within easy travel distance for rural communities. Enabling broad coverage of children’s centres across the county was a key consideration.
- e) **Practical building considerations**—Consideration was given to the suitability of the building for a wide-range of family activities, the size of the venue and access. In addition, the potential for the building to be used by partners, particularly health, has been considered to improve joint working.
- f) **The effectiveness of current children’s centres**—Evidence on the impact of potential closures has been considered from a range of sources including considering data on the current use and reach of the buildings (as published in the Council’s research report), as well as consultation responses.
- g) **The potential for sites to be used for wider early years provision**—The Council has had preliminary discussions with site owners and other interested parties to test the viability of children’s centre buildings being used to help meet the Council’s statutory responsibility to ensure sufficiency of early years provision where they might be closed formally as children’s centres.

Family Centre Plus Sites

10. Out of the 16 family centre locations identified, the Council is committed to ensuring that three of these sites deliver extra services to meet needs. At these family centre plus sites families will be able to access drop-in support five days a week, as well as a wide variety of family support, including joint health delivery. From September 2019 the initial intended location of the family centre plus sites will be:
- Mapledean, High Wycombe
 - Newtown, Chesham
 - Southcourt, Aylesbury
11. The exact range and configuration of services delivered at the family centres will be developed as part of the implementation planning with local community engagement.
12. As part of the service design model it is intended that the advertised programmes will change to meet local needs over time, including which of the family centres will host the drop-in access. A key consideration for the drop-in access will be to ensure that this is provided in the most accessible centres in areas of high population density.

Staff office locations

13. The Family Support Service staffing will be structured to operate three area-based teams: Aylesbury Vale; Wycombe and Chiltern/South Bucks. Staff will operate flexibility to work across these areas to respond to need. Three area office bases are intended to operate from the following sites: Elmhurst Family Centre (Aylesbury Vale Area); Castlefield/Hamilton Road (Wycombe area); and from Chiltern District Council offices (Chiltern/South Bucks).

Alternative uses of children's centre sites

14. 19 children's centres are proposed for closure as designated children's centres registered with the DfE. Whilst these buildings would no longer be used as formally designated children's centres, the Council is proposing that they continue to be used for the benefit of families with children 0-5 and wider community benefit.
15. As part of the consultation process, the Council asked for views on possible alternative uses of buildings. More than two-thirds (68%) of respondents agreed with the Council's aim that children's centre buildings proposed for closure should continue to be used for community benefit, particularly early years provision.

16. During the consultation process preliminary discussions took place between the Council and relevant site owners/leaseholders to identify alternative uses for those sites where the Council either owns the building or is a leaseholder.

17. A key consideration in these discussions has been to ensure that where a DfE SureStart grant was provided that the building continues to be utilised for early years majority usage to meet the grant conditions.

18. Following these discussions the types of use proposed for the 19 children’s centre sites are:

- a. School sites—additional nursery/pre-school places (8)
- b. School sites—continuing early years provision e.g. baby & toddler groups, health clinics, and wider school and or community use (4)
- c. Library sites—continuing early years provision as above. (3)
- d. Community sites—continuing early years provision as above (2)
- e. Centres to be closed where there was no fixed address so no building (2)

Proposed future use of children’s centres

Area	Retention	Closure & alternative use
Aylesbury Vale	Aylesbury (Southcourt) Children’s Centre Early Years Excellence Hub (Elmhurst) Aylesbury (Berryfields: Quarrendon) Children’s Centre Wing Children’s Centre Buckingham Children’s Centre	Aylesbury (South West) Children’s Centre Aylesbury (Oakfield and Bedgrove) Children’s Centre (Broughton) Early Years Excellence Hub (Bearbrook) Children’s Centre Waddesdon & Whitchurch Children’s Centre Haddenham Children’s Centre Wendover Children’s Centre Ivinghoe & Pitstone Children’s Centre Steeple Claydon Children’s Centre
Wycombe	Mapledean Children’s Centre (Wycombe Abbey) High Wycombe (Castfield) Wycombe (Hampden Way) Children’s Centre Wycombe (Disraeli) Children’s Centre Marlow Children’s Centre Risborough Children’s Centre	Wycombe (East) Children’s Centre (Micklefield: Ash Hill) Wycombe (Millbrook) Children’s Centre Hamilton Rd Children’s Centre (High Wycombe Terriers & Amersham Hill) Stokenchurch & Hambleden Valley Children’s Centre Hazlemere & Loudwater Children’s Centre Wooburn Green & Bourne End Children’s Centre
Chilterns & South Bucks	Newtown Children’s Centre Amersham Children’s Centre Burnham Children’s Centre Beaconsfield Children’s Centre	The Chalfonts Children’s Centre Prestwood & Missenden Children’s Centre Farnham Children’s Centre Denham & Gerrards Cross Children’s

	The Ivers Children's Centre	Centre Chesham (Waterside) Children's Centre
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Annex A: Rationale for Site Proposals

Note: Shaded cells indicate children's centres proposed for retention. Non-shaded centres are those existing children's centres which are proposed for closure. This means that the County Council would de-designate these buildings as children's centres with the DfE. However, this does not mean that the buildings would be empty (see Annex C for alternative uses).

Aylesbury Vale Delivery Sites

There are five family centre sites proposed in the Aylesbury Vale district area overall: three in the Aylesbury town centre area, and two in surrounding villages to maximise accessibility in rural communities.

The Aylesbury town centre area has a high population density and significant composite early help need levels in comparison to other areas in Buckinghamshire. It will also see the largest housing growth in the surrounding areas. Consideration has been given to ensure a good geographical coverage of centres across the town centre, as well as across the whole of the Aylesbury Vale district area to meet local needs.

	Centre Name	Rationale for decision
1	Aylesbury (Southcourt) Children's Centre	<ul style="list-style-type: none"> Surrounding areas have high rates of composite needs for early help services. The building is large enough to enable a wide-range of service provision and staff use, and it is in a good location for public transport and car access.
2	Early Years Excellence Hub (Elmhurst) Children's Centre	<ul style="list-style-type: none"> Surrounding areas have high rates of composite needs for early help services.
3	Aylesbury (Berryfields: Quarrenden) Children's Centre	<ul style="list-style-type: none"> Surrounding areas have high rates of composite needs for early help services. Situated in an area of housing growth with the population of 0-19 forecast to rise.
4	Wing Children's Centre	<ul style="list-style-type: none"> Situated in the centre of an isolated area of relative high composite need for early help services. This location provides greater accessibility to a family centre for residents in the rural surrounding areas.
5	Buckingham Children's Centre	<ul style="list-style-type: none"> Buckingham town centre is an area of high relative need for early help services. It is also the largest town within the north Buckinghamshire area with the best transportation access for service users.

		<ul style="list-style-type: none"> The current Buckingham Children's Centre is proposed for retention based upon the needs within the area. However, through the consultation process service users and stakeholder organisations highlighted the limitations of the current building which is a room within the Grenville school site. The current location and size means that whilst it can continue to be used as a children's centre for early years provision other venues in the town may need to be used for wider family service delivery. In the longer-term the Council will be looking to explore other possible alternative venues for a fixed family centre (and children's centre) within the Buckingham town centre to improve accessibility for families.
6	Aylesbury (South West) Children's Centre	<ul style="list-style-type: none"> Whilst this is a registered children's centre with the DfE there is no fixed delivery site. Services are currently delivered by Spurgeons, on behalf of the Council, through offering a programme of activities across a cluster of children's centres. Health provision will continue unaffected in the area as they do not use a current children's centre building. Residents living in this area have good access to alternative children's centres in Aylesbury town.
7	Aylesbury (Oakfield and Bedgrove) Children's Centre (Broughton)	<ul style="list-style-type: none"> Within the Aylesbury town centre area the Council has identified three children's centres to retain to meet the needs of town residents. The sites identified for retention have higher levels of need compared to this site.
8	Early Years Excellence Hub (Bearbrook) Children's Centre	<ul style="list-style-type: none"> This site is close to the proposed retained Southcourt Children's Centre so this was discounted in order to ensure good geographical spread across Aylesbury town.
9	Steeple Claydon Children's Centre	<ul style="list-style-type: none"> Lower level of composite early help need in comparison to sites proposed for retention.
10	Waddesdon & Whitchurch Children's Centre	<ul style="list-style-type: none"> The children's centre is located in a property owned by Waddesdon Parish Council which is leased to the County Council. The parish council are keen to continue with a range of early years delivery from their site including widening access so that childminders can use the space. Given the community-led desire to use the space to meet early years needs in the community the Council is proposing this site for formal closure as a children's centre.
11	Haddenham Children's Centre	<ul style="list-style-type: none"> Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
12	Wendover Children's Centre	<ul style="list-style-type: none"> Lower level of composite early help need in comparison to sites proposed for retention. Identified need in the area for additional nursery provision. The Council has a statutory duty to ensure sufficiency of early years provision and this site has been identified as being suitable to help meet this need and duty.
13	Ivinghoe & Pitstone Children's Centre	<ul style="list-style-type: none"> Lower level of composite early help need in comparison to sites proposed for retention. Identified need in the area for additional nursery provision. The Council has a statutory duty to ensure sufficiency of early years provision and this site has been identified as being suitable to help meet this need and duty.

Wycombe Delivery Sites

There are six family centres proposed in the Wycombe district area overall: four in the town area and two in the surrounding areas to maximise travel accessibility.

The Wycombe town area has a high population density and significant composite early help need levels in comparison to other areas in Buckinghamshire.

Given the need levels of the town population four family centres are proposed overall in High Wycombe. Consideration has been given to their best location to ensure geographical coverage across the town as well as respond best to local needs.

	Centre Name	Rationale for decision
14	Mapledean Children's Centre (Wycombe Abbey)	<ul style="list-style-type: none"> Relatively high composite need for early help services in surrounding areas. The building provides a large and high quality space for the delivery of a wide range of services/activities.
15	High Wycombe (Castlefield) Children's Centre	<ul style="list-style-type: none"> Relatively high composite need for early help services in surrounding areas. The building provides a large and high quality space for the delivery of a wide range of services/activities.
16	Wycombe (Hampden Way) Children's Centre	<ul style="list-style-type: none"> This site was originally proposed in the Council's consultation for closure and is now proposed for retention. Consultation feedback highlighted the desirability of a wider geographical spread of children's centres across the Wycombe town area. It is located in an area of high composite early help need in the surrounding area.
17	Wycombe (Disraeli) Children's Centre	<ul style="list-style-type: none"> This site was originally proposed in the Council's consultation for closure and is now proposed for retention. Consultation feedback highlighted the relative high levels of usage, reach and need levels in the surrounding area.
18	Marlow Children's Centre (Foxes Piece)	<ul style="list-style-type: none"> Retaining a children's centre in Marlow helps to ensure a good geographical coverage of centres across Buckinghamshire to maximise their accessibility to residents.
19	Risborough Children's Centre	<ul style="list-style-type: none"> Retaining a children's centre in Risborough helps to ensure a good geographical coverage of centres across Buckinghamshire to maximise their accessibility to residents.
20	Wycombe (East) Children's Centre (Micklefield: Ash Hill)	<ul style="list-style-type: none"> Wycombe East is an area of high composite need for early help services. This site is proposed for closure as the building space is small – one room. The size limits the usage of the space currently and health partners deliver from alternative sites in the area. Residents will be able to access services from Hampden Way Family Centre, as well as continuing

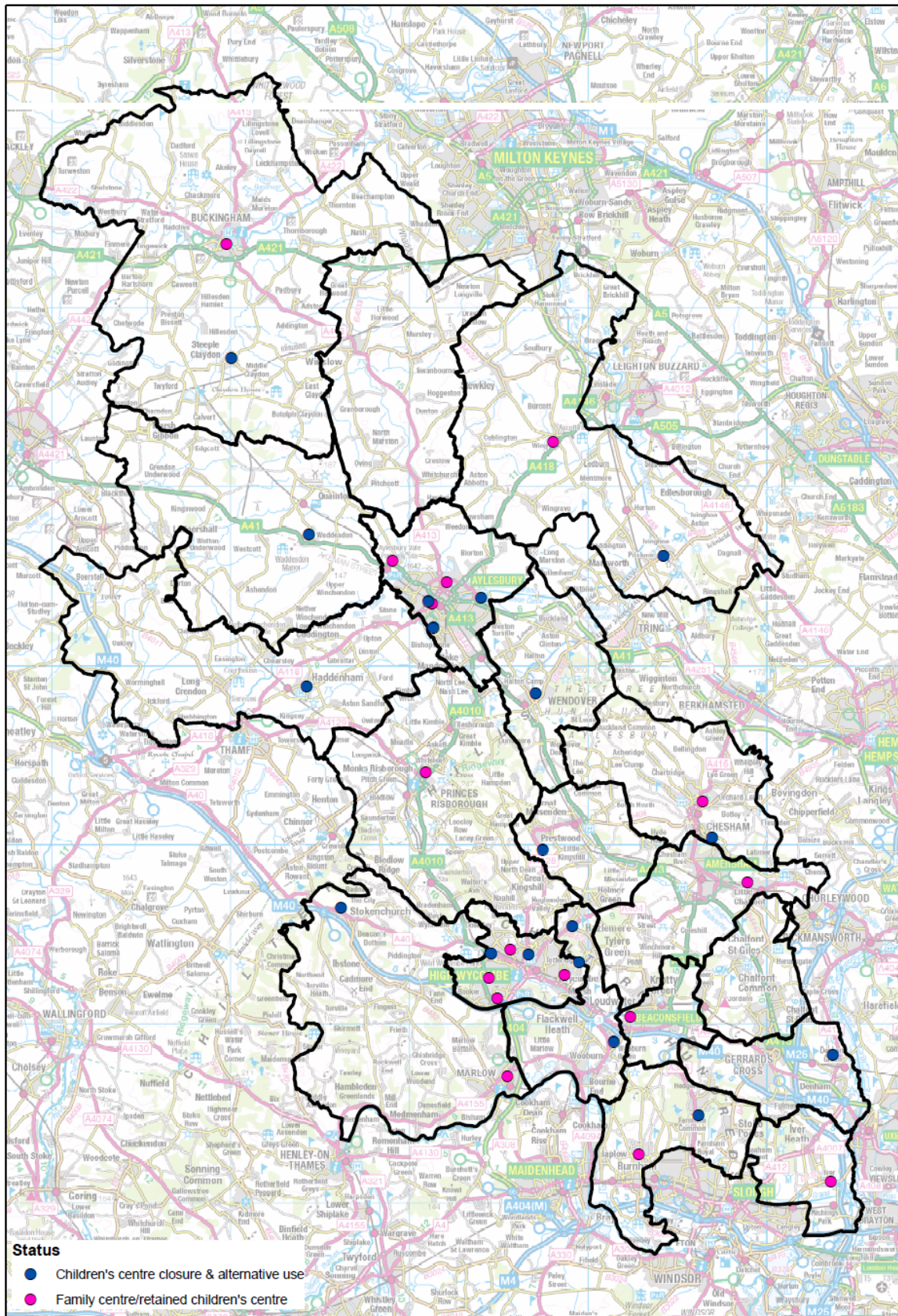
		health provision in the area which is unaffected.
21	Wycombe (Millbrook) Children's Centre	<ul style="list-style-type: none"> • Relatively lower levels of composite early help need in immediate surrounding areas, as well as user numbers in comparison to those sites proposed for retention in Wycombe town area. • In addition, the school has responded that their intention is to continue to ensure that the building space is available for continuing use for early years provision and health use.
22	Hamilton Rd Children's Centre (High Wycombe Terriers & Amersham Hill)	<ul style="list-style-type: none"> • Lower levels of composite early help need in immediate surrounding areas, as well as user numbers in comparison to those sites proposed for retention in Wycombe town area.
23	Stokenchurch & Hambleden Valley Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
24	Hazlemere & Loudwater Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
25	Wooburn Green & Bourne End Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
<p>Note: There are two satellite sites to children's centres which are also proposed for alternative use. The first site is a satellite to Marlow Children's Centre at Sandygate Road, Marlow Infant School and proposed for nursery or school use.</p> <p>The second is a satellite site to Stokenchurch & Hambleden Valley Children's Centre at Lane End Primary School and the school is committed to continuing to use the space for early year provision including health delivery.</p>		

Chiltern & South Buckinghamshire Sites

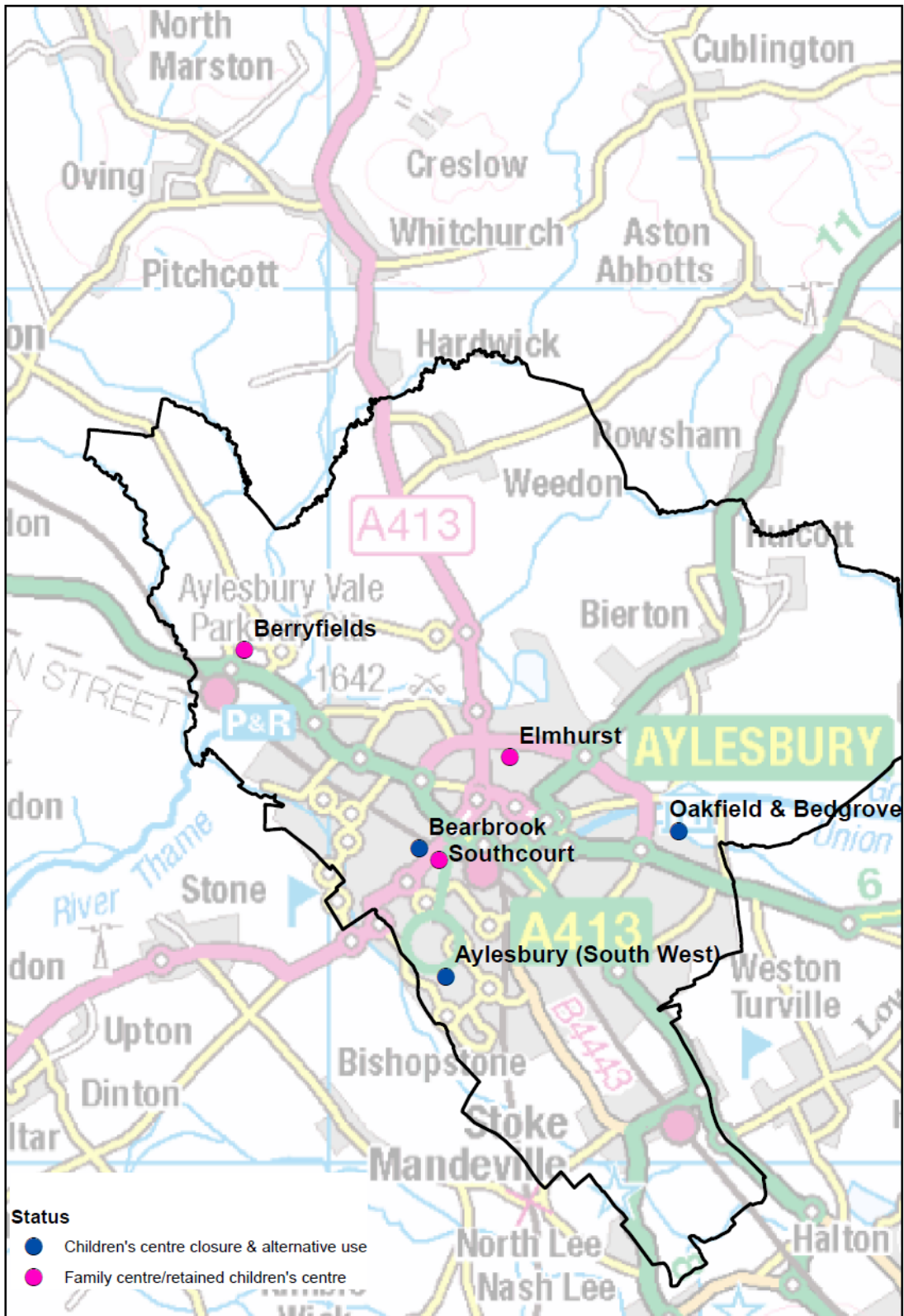
Five family centres are proposed across the Chiltern and South Bucks district areas overall. The area is relatively rural with a low population density overall. Particular regard was therefore given to ensuring a sufficient geographical coverage of centres to ensure accessibility, recognising the limited public transport between areas.

	Centre Name	Rationale for decision
26	Newtown Children's Centre (Chesham)	<ul style="list-style-type: none"> • Located in Chesham town area which is an area of relatively high composite early help need. • Out of the two centres in Chesham it has a significantly higher number of users and reach.
27	Amersham Children's Centre	<ul style="list-style-type: none"> • Located in an area with a large 0-19 population in the surrounding areas. • Amersham in population terms is the fourth largest town after Aylesbury, Wycombe and Chesham.
28	Burnham Children's Centre	<ul style="list-style-type: none"> • Located in and close to isolated areas of high composite need for early help services. • This location ensures a geographical coverage in the far south of the county, to maximise the accessibility of family centres to residents in rural isolated areas.
29	Beaconsfield Children's Centre	<ul style="list-style-type: none"> • Situated near to isolated areas of high composite need for early help services.
30	The Ivers Children's Centre	<ul style="list-style-type: none"> • Located in an area of high composite early help need in the surrounding area. • This location ensures a geographical coverage in the far south of the county, to maximise the accessibility of family centres to residents in an area with limited public transportation to alternative centres.
31	The Chalfonts Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention. • Whilst this is a registered children's centre with the DfE there is no fixed delivery site. • Services are currently delivered by Action for Children, on behalf of the Council, through offering a programme of activities across a cluster of children's centres with the centre hub at Beaconsfield children's centre (proposed for retention). • Health provision will continue unaffected in the area as they do not use a specific children's centre building. • Residents living in this area have good access to a family centre at Beaconsfield.
32	Prestwood & Missenden Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
33	Farnham Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
34	Denham & Gerrards Cross Children's Centre	<ul style="list-style-type: none"> • Lower level of composite early help need in surrounding area in comparison to sites proposed for retention.
35	Chesham (Waterside) Children's Centre	<ul style="list-style-type: none"> • Located in Chesham town area which is an area of relatively high composite early help need. In comparison to Newtown children's centre, this site is in a relatively lower area of need with lower numbers of users and reach.

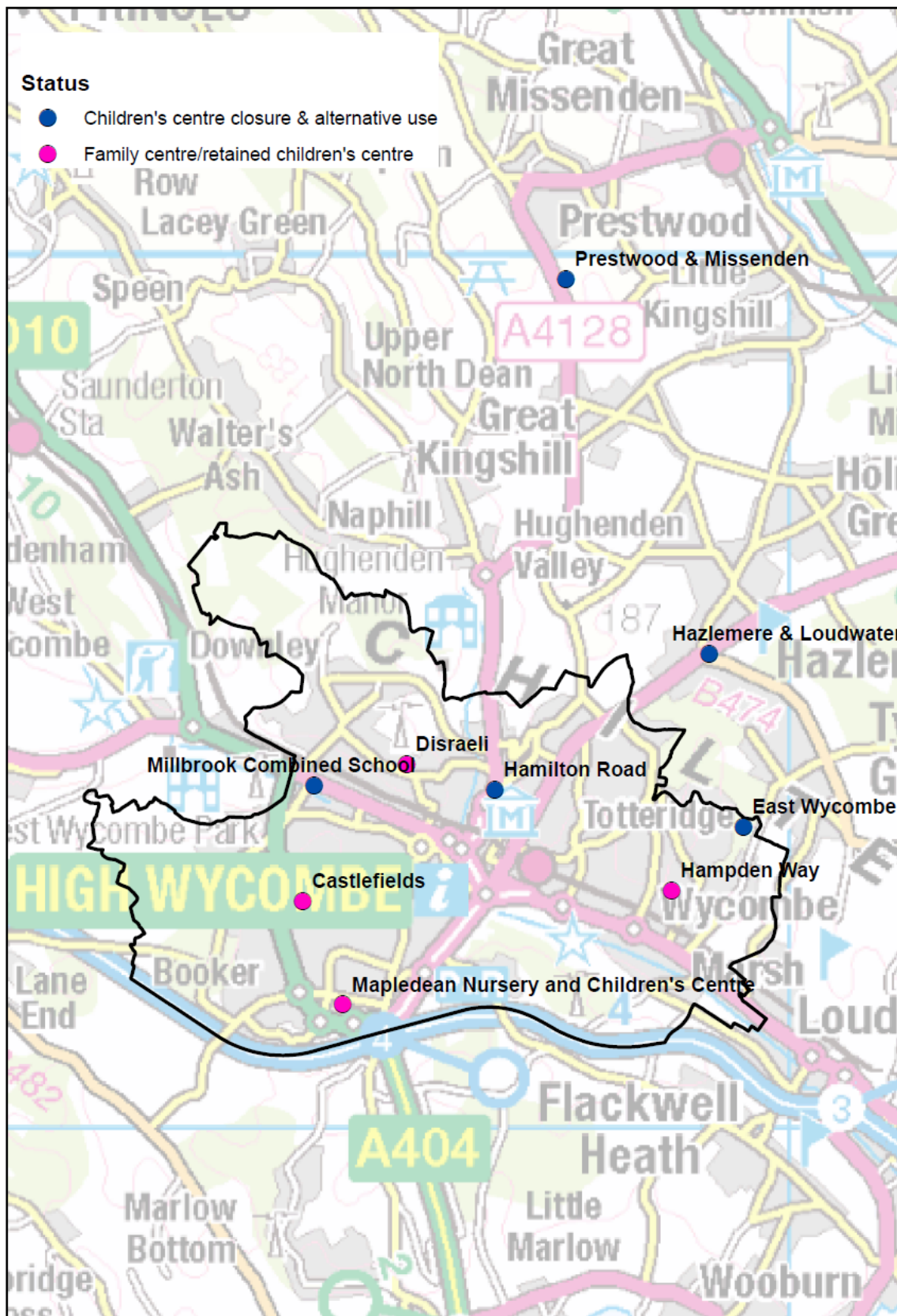
Annex B – Proposed Family Centres across Buckinghamshire



Aylesbury Town: Detailed View



High Wycombe: Detailed View



Annex C: Alternative uses proposed for children's centre's proposed for closure

Children's Centre	Type of location	Tenure	Future use—Outcome of preliminary engagement
Aylesbury Vale District Sites			
Aylesbury (South West) Children's Centre	n/a	n/a	n/a – no fixed address.
Aylesbury (Oakfield and Bedgrove) Children's Centre (Broughton)	School	Freehold	Additional pre-school places. The pre-school on the site is oversubscribed and there is an identified need for more early years places in the area.
Early Years Excellence Hub (Bearbrook) Children's Centre	School	Freehold	Additional pre-school places. The pre-school on the site is oversubscribed and there is an identified need for more early years places in the area.
Steeple Claydon Children's Centre	School	Freehold	The school has confirmed its intention to use the space to support continuing early years provision, including use of the building for health clinic delivery.
Waddesdon & Whitchurch Children's Centre	Parish Council	Leasehold	Waddesdon Parish Council would like to take back the management of this space for continuing early years provision, including use by childminding groups and wrap around early years care.
Haddenham Children's Centre	Library	Leasehold	The children's centre operates from the community library there is no separate building. The library would like to utilise the space for continuing community benefit and children's library.
Wendover Children's Centre	School campus	Freehold	Nursery provision. There is an identified need in the area and suitable standalone site for full-time day care provision.
Ivinghoe & Pitstone Children's Centre	School	Leasehold	Additional pre-school places. The pre-school on the site is oversubscribed and there is an identified need for more early years places in the area.

Wycombe District Area Sites			
Wycombe (East) Children's Centre (Micklefield: Ash Hill)	School	Freehold	The school is interested in exploring expanded nursery provision and the Council's officers are working with the school to help create a business plan.
Wycombe (Millbrook) Children's Centre	School	Freehold	The school would continue to use the space to provide early years provision through a programme of activities.
Hamilton Rd Children's Centre (High Wycombe Terriers & Amersham Hill)	Council stand-alone site	Freehold	The Council's Early Help Service intends to retain the first floor for staff office space and the ground floor for nursery provision.
Stokenchurch & Hambleden Valley Children's Centre	Private – Owned by Scouts	Leasehold	The Council would look to sub-lease to a nursery provider to meet the need for additional places in the area.
Hazlemere & Loudwater Children's Centre	Library	Freehold	The library would take on responsibility for the building and will continue to offer early years use and health provision.
Wooburn Green & Bourne End Children's Centre	School	Freehold	The school would take over the running of the building for continuing early years use and health provision.
Sandygate site at Marlow Infant School (satellite site to Marlow children's centre)	School	Freehold	The nursery on school site would use for extended space or school use for early years.
Lane End site at Lane End Primary School (satellite site to Stokenchurch & Hambleden Valley Children's Centre)	School	Freehold	The school would use the space for continuing early years services and continued health provision.
Chiltern and South Bucks Sites			
The Chalfonts Children's Centre	n/a	n/a	n/a – no fixed address.
Prestwood & Missenden Children's Centre	Holy Trinity Church	Leasehold	The Holy Trinity Church would take on the running on the building and continue to use the space for early years provision, including through continuing health provision delivery on site.
Farnham Children's Centre	Community Library	Freehold	The library would take on responsibility for the building and will continue to offer early years use and health provision.
Denham & Gerrards Cross Children's Centre	School	Freehold	The school would take on the running of the building and continue to use the space for continuing early years provision, including health

			service delivery and the potential for family support delivery and sensory space.
Chesham (Waterside) Children's Centre	School	Leasehold	The Academy Trust intends to use this space as office space for its headquarters.

When completing this Equality Impact Assessment, please refer to the accompanying guidance document available on the intranet [here](#).

Part 1: Basic details

Project title	Early Help Review
Is this a new or existing document/service?	Existing
Responsible officer	Sara Turnbull
Job title	Transformation Programme Manager
Contact no.	
Team	Early Help
Service	Education
Business Unit	Children's Services
Date started	June 2018
Date completed	31 Jan 19 (and kept under review following the outcome of a Cabinet decision)

Part 2: Purpose and Objectives

2.1	What is the purpose of the project or change?	The Early Help Review seeks to redesign an effective, efficient, and financially sustainable, Early Help service for Buckinghamshire to improve services for children and families. Currently, the County Council's early help services are not reaching children and families in need effectively. Analysis has shown only 15% of the children and families who currently access the Council's early help services in the scope of the review have been assessed as needing to access additional support. ¹
2.2	What are the key objectives of the project or change?	<ul style="list-style-type: none"> • To improve outcomes for children and families by transforming the way in which services are delivered. • To ensure services are delivered within the financial resources available. • To ensure contacts, referrals and repeat referrals to social care reduce, and, children and their families receive the right support at the right time. • To ensure early help support is co-ordinated and aligned to social care provision. • To enable the tracking of outcomes across all early help services to provide evidence of impact and

¹ Early Help Review Options Appraisal Appendix 2 - research report on prevalence and need.

<https://democracy.buckscc.gov.uk/documents/s121169/Appendix%20%20Research%20report%20on%20Prevalance%20and%20Needs.pdf>

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		<p>demonstrate sustainability.</p> <p>To achieve these project objectives a new integrated Family Support Service is proposed to be set-up which aims to:</p> <ul style="list-style-type: none"> • Support vulnerable children and families to enable them to thrive and achieve positive outcomes. • Integrate services wherever possible to create stronger partnerships which make effective use of all resources and improve family and community resilience. • Improve access to services and reduce duplication to enable children and families needing our support to tell their story only once. • Evidence the impact of early help to reduce cost pressures on statutory services.
2.3	<p>Which other functions, services or policies may be impacted?</p>	<p>The functions and service areas within the scope of this review are:</p> <ul style="list-style-type: none"> • Buckinghamshire Family Information Service. • Children’s Centres. • Advice and support for young people provided by Connexions/ Adviza. • Family Resilience Service. • Barnardo’s Support for Parents. • Youth Service. • Support services: Families First & Early Help Panel teams. <p>The Council’s early help services work is part of a wider system of support to families provided by a variety of organisations. Stakeholders have been consulted and engaged as part of the consultation process (see BMG consultation report Appendix 1 to the Cabinet decision report).</p>
2.4	<p>Who are the main stakeholders impacted by this project or change?</p>	<ul style="list-style-type: none"> • District Councils. • Buckinghamshire Clinical Commissioning Group. • Buckinghamshire College Group. • Buckinghamshire Healthcare NHS Trust. • Schools and Early Years Providers. • National Probation Service. • Parent Carers Forum. • NHS England. • Oxford Health Foundation NHS Trust. • Public Health. • Thames Valley Police. • Thames Valley Probation (Community Rehabilitation Company).

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		<ul style="list-style-type: none"> • Youth Offending Service. • Voluntary and Community Sector. • Service users of early help services, as well as more widely children and families 0-19 (and up to age 25 for those with special educational needs). • BCC employees in scope of the Early Help Review. • Providers and employees in scope of the Early Help Review.
2.5	Which other stakeholders may be affected by this project or change?	<p>Many organisations provide support to children and families, not just the County Council. Effective early help relies upon local organisations working together to identify children and families who would benefit from early help; undertaking an assessment of need; and providing targeted early help services to address those assessed needs.</p>

Part 3: Data and Research

3.1	What data and research has been used to inform this assessment?	<p>What data and research has been used to inform this assessment?</p> <p>Pre-consultation Research The County Council undertook a range of pre-consultation research prior to going out to formal consultation on proposals. The Council published an options appraisal which includes an overview of the different evidence considered, as well as a research report delivered in-house and a pre-consultation qualitative research report carried out by BMG Research. Copies of the pre-consultation documents are available to view online at: www.buckscc.gov.uk/earlyhelp</p> <p>The qualitative research included in-depth interviews with residents and partners, as well as a workshop with both groups to ensure their views were included in the design of proposals.</p> <p>Quantitative research looked at needs, population density and changing demand to identify where support should be targeted. A research report was compiled to present an in-depth analysis of the profile of need for early help services in Buckinghamshire and the profile of existing service use. This report collated and analysed a variety of data, intelligence, web-resources, policy and guidance from local, regional and national sources in order to build a comprehensive picture of early help in Buckinghamshire and establish a clear needs assessment.</p> <p>Demographic data and needs analysis</p>
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Buckinghamshire has a total population of approximately 534,700. 30% of the population is aged 0-24 years, slightly higher than the South East (24%). The population overall has increased by 29,400 (4.6%) from 2011 to 2016 and is projected to increase by 107,200 (20%) from 2015 to 2039. Although a largely rural or semi-rural county, a quarter of residents live within the towns of Aylesbury and High Wycombe. A third of residents live in rural areas, compared to 20% across the South East (ONS Mid-Year Estimates 2015).

Approximately 122,200 children and young people under the age of 18 years live in Buckinghamshire. This is 22.9% of the total population in the area (534,700 people), which is slightly above the English average of 21.3%. Currently, the population aged 0-19 tends to be clustered to the South of Buckinghamshire in Wycombe, Chiltern and South Buckinghamshire. There are fewer young people in the more rural areas. By 2031, Aylesbury and Wycombe will be home for 70% of 0-19 year olds.

Buckinghamshire is home to an increasingly diverse population - 21% of the 0-19 year old population is of an ethnic minority (Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME), compared to the South East average of 14% (based on Census 2011). It is estimated that the BAME population aged 0-19 year will reach 47,000 by 2031 compared to 26,000 in 2011, making Asian and Asian British the largest groups in the younger and adult populations. To accommodate the rising population in the County, significant development is anticipated in Buckinghamshire including the need for affordable housing. From 2013–2033 it is estimated that there is a need for 9,600 affordable homes and 15,000 top of the range dwellings across Buckinghamshire. The majority of new house builds will be around Aylesbury and High Wycombe and around the northern county border with Milton Keynes.

Around two thirds of demand for Children's Services is situated in:

- Aylesbury and High Wycombe, which together account for approximately half of all service users.
- Chesham is the next biggest town in terms of service users - between 5 and 8%.
- Buckingham, Amersham, Burnham & Lent Rise, Beaconsfield, Marlow and Princes Risborough all have high proportions of service users across all of the six in-scope services.
- Rural areas account for between 5% and 11% of service users depending on the service.

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Factors affecting families who may benefit from early help include:

- Population growth.
- Housing growth.
- Deprivation.
- Protected characteristics.

The drivers of population growth among children and young people in Buckinghamshire are mainly due to:

Births—Between 6,000 to 6,300 births annually (birth rates are higher in the most deprived 20% of Buckinghamshire 72 compared to 62 average births per 1,000 women in Buckinghamshire).

Migration—Families with young children and adults often move to Buckinghamshire, and a large proportion of young people aged 15 -19 years leave the county.

Housing growth—Latest estimates suggest that the population of Buckinghamshire is 534,700. 30% of the population are aged 0-24 years, which is slightly higher than for the south east region (24%).

Deprivation—Deprivation is often linked to higher levels of need within communities around the county. It is used as an indicator of need, and although it is not the only predictor for actual need in the community, it is regarded as a substantial contributing factor.

Buckinghamshire is the second least deprived county council in England according to the 2015 Indices of Multiple Deprivation (IMD). At a district level, Chiltern district is the third least deprived local authority (out of 326 local authorities) in England, and the least deprived in Buckinghamshire, ahead of South Bucks (25th least deprived), Wycombe (34th) and Aylesbury Vale (44th).

Nevertheless, there are pockets of more significant deprivation in local areas of the county.

The most deprived Buckinghamshire residents are situated in Aylesbury and High Wycombe. Aylesbury Vale is the only district with areas in Rank 2 (the worst rank for Buckinghamshire for overall deprivation), located in Quarrendon and Southcourt.

Family centre Locations

The locations of family centres proposed are set out in

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Appendix 4 of the Cabinet decision papers. The data as set out in the Council's needs assessment was a critical factor in determining locations, alongside other factors such as geographical spread of sites.

Population data and protected characteristics

As part of the Council's needs assessment research was carried out to identify information on the service user profile and wider potential population who may benefit from early help services. Key information known is summarised below:

Age differences—A comparison of projected changes from 2016 to 2031 identifies substantial differences between districts. The largest growth across all age groups is expected in Aylesbury Vale, which is also where the highest population of young people in Buckinghamshire is expected (38% of estimated 0-19 year old population by 2031).

Highest growth is expected in the 10-14 year old and 15-19 year old categories, supporting the need for effective services to meet the needs of families with teenagers as well as those with young children.

Age & service user profile

Early help services are open to all parents/carers regardless of their age. Currently there are different age ranges of children that individual services support. The predominant service users are those accessing universal services at children's centres which focus on supporting families with children 0-5.

Disability—Disability is an indicator for potential need for early help services. The Joint Strategic Needs Assessment (JSNA) chapter on Special Education Needs and Disabilities (SEND) has identified an increase in the number of children aged 0-16 years taking up the Disability Living Allowance, with particular increases in Aylesbury Vale. 1 From 2012 to 2015, there was a 9% increase in claimants. As well as the number of children who will be eligible for SEND services, complexity of need has increased.

Children and young people with SEND are 15% more likely to be eligible and claiming free schools meals.

13.4% of the population said in the 2011 Census that they had a long-term health problem or disability limiting their day-to-day activities to some extent, 7.8% reported that their activities were limited a little and 5.6% said that they were limited a lot. Buckinghamshire has similar proportions across districts.

Equality Impact Assessment Template

Disability and service user profile

The disability of early help service users overall is not data currently held. However, children's centre service user data shows that children are more likely to have a disability (15% compared with a 1% average across the county).

This data may reflect that some targeted sessional activities are delivered at children's centres by health such as CAMHS provision, as well as reflecting disability as one indicator of need.

Gender—The gender breakdown in Buckinghamshire is 51% female and 49% male, which is similar to national average.

Gender & service user profile

Early help services are open to be accessed by all regardless of gender. The gender profile is different for each individual service within scope of this review. For example, the Family Resilience Service gender profile is broadly similar to the general population. In contrast, the profile of children's centre service users is predominately female (75% of registered users in 2017/18) which is also reflective of the profile of survey respondents.

Pregnancy and Maternity—There were 7,244 conceptions in Buckinghamshire in 2013. In 2014, there were 5,989 live births of which over a third were born to mothers from Aylesbury Vale or Wycombe district. Mothers in Buckinghamshire have a slightly older age profile than England but the majority of mothers are aged between 30-34 years at the time of delivery. Mothers in the most deprived quintile of the population have a higher birth rate than in the least deprived quintile.

Pregnancy/Maternity & service user profile

No overview data is held by the Council on the pregnancy/maternity and service users. However, many of the existing range of services that are delivered at children's centres are specifically targeted at new mothers such as anti- and post-natal health services. Whilst these services are out of scope of this review they are often delivered from children's centre buildings.

Marriage and civil partnerships—In the 2011 Census, 54% of the Buckinghamshire population described themselves as married, 28.8% as single, 8.1% divorced, 6.5% widowed, 2.3% separated and 0.2% registered in a same-sex civil partnership. The proportion of the population married was higher, whilst the proportion of those who were single,

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divorced, widowed or separated or in same sex civil partnerships was lower than the regional and national averages.

The 2011 census estimated that there are about 33,556 coupled families and 12,338 lone parents living across Buckinghamshire.

No data is held on the service user profile in regard to this protected characteristic.

Race—In Buckinghamshire, 21% of the 0-19 year old population are from Black and Minority Ethnic or Black, Asian and Minority Ethnic (BAME) backgrounds, compared to the South East average of 14% (based on Census 2011). There has been an increase in BAME groups compared to white groups – with an increase of 82% from 2001 – 2011 and a forecast increase of 62% in BAME groups from 2011 – 2031 across the Buckinghamshire population.

It is estimated that the BAME groups aged 0-19 year will increase to 47,000 by 2031 from 26,000 in 2011. Asian and Asian British are expected to be the largest groups. In 2011, the BAME population is much younger than the white population in Buckinghamshire.

It is estimated that there will also be distinct differences by town across the community with High Wycombe and Greater Aylesbury likely to see the greatest increases in BAME population growth by 2033.

There are a disproportionate number of people from BAME backgrounds who have repeat contact with social care. The JSNA also identified that almost a third of people living in the most deprived areas of Buckinghamshire are of non-white ethnicity compared to 6% in the least deprived areas.

Race & service user profile

The ethnicity profile of early help service users overall is not data currently held. However, in regard to children's centre service user data shows that children are more likely to come from BAME ethnic groups (30% compared with 21% Bucks average).

Religion or belief—The 2011 Census is the most up to date data source for religion or belief in Buckinghamshire. This showed that 69% of people in Buckinghamshire stated that they followed a religion (compared to 68% in England). The 0-19 year old population differ slightly to the Buckinghamshire average. A lower proportion reported to be Christian (53.7%)

Equality Impact Assessment Template

compared to the Buckinghamshire average (60.5%) and a higher proportion reported to be Muslim (8.4%) compared to Buckinghamshire (5.1%).

A high proportion of 0-19 year olds stated they were Muslim in Wycombe (14%) but this figure is lower for Chiltern (4%) and South Bucks (4%). There were slightly higher numbers of Sikh and Hindu groups in the South Bucks district of the county compared to the rest of the county.

No overview data is held by the Council on the religious profile of service users. Council services are open to all.

Sexual Orientation and Transgender —The Buckinghamshire Joint Strategic Needs Assessment estimated that there are likely to be approximately 7,500 people aged 16 and over who consider themselves gay/lesbian/bisexual.

No data is held on the service user profile in regard to either sexual orientation or transgender. Services are open to all.

Public Consultation

BMG Research was commissioned by the Council to deliver a consultation survey. A copy of the consultation report is set out in Appendix 1 of the Cabinet decision papers. The key issues arising from the consultation in relation to protected characteristics were:

Age—Respondents to the consultation survey were predominantly a younger profile than the Bucks average. This is reflective of the service user profile of early help services.

Approximately half (49%) of consultation respondents were aged 35-49, and just under a third (31%) of respondents were aged 25-34. 10% of respondents were aged 50-64, 3% were aged 18-24, 3% came from the over 65s, and 1% of individuals responding to the consultation were aged 16-17. A further 1% preferred not to say.

Overall those from all age groups who responded to the survey were more likely to support the Council's preferred option B, which is what is proposed to Cabinet, setting up an integrated Family Support Service to operate via a network of family centres.

However, respondents were significantly more likely to prefer Option A if they were aged 25 to 34 or 35 to 49 (33% and 30% respectively in comparison to the average of 26% support for option A).

Equality Impact Assessment Template

Disability—Around one-tenth (10%) of respondents identified themselves as having a longer term physical or mental health condition or illness which reduces their ability to carry out day-to-day activities, while four-fifths (82%) said this was not the case, 1% did not know and 6% preferred not to say. Four-fifths (82%) of respondents do not have any children with long-term mental or physical health problem, while 13% said this was the case. 1% did not know, 2% preferred not to say, and 1% stated this was not applicable.

The proportion of respondents who expressed the view that option B would have a negative impact on their family is higher amongst those with a physical or mental health issue (39%), in comparison to 27% overall.

Gender and Pregnancy/Maternity—The majority of survey respondents were female (610) which is reflective of the service user profile of children's centre users.

Whilst option B was the preferred option for all demographic groups, option A is more likely to be the preference when the respondent has a child under 5 or aged 5 to 9 (32% for each); and if the respondent is currently or has been pregnant in the last year (33%), in comparison to the average of 26% across all respondents.

In the open-text consultation responses a key theme was concerns about the accessibility of services if children's centres closed. In particular, a practical concern was raised in regard to how parents (and particularly women as the primary carers) might be able to access a proposed family centre if there was not a direct and accessible bus journey.

In response to this concern, the Council has made changes to the locations of the proposed family centres. Overall, 2 additional family centres are proposed to maximise accessibility in Ivers and east Wycombe. Accessibility was a key factor considered in all site locations (see Appendix 3 of the Cabinet papers on site locations).

Race—Overall those from all age groups who responded were more likely to support the Council's preferred option B.

However, respondents were significantly more likely to prefer option A if they were from a BAME background (40% in comparison to the average of 26% for option A).

Whilst the Council has no evidence of a negative impact of the proposals in relation to ethnicity, and has evidence of positive impact arising from the service design model, the

Equality Impact Assessment Template

		<p>consultation feedback indicates that there will need to be an effective communications plan to alleviate any concerns in implementing service changes.</p> <p>Religion—Just under half (46%) of consultation respondents identified as Christian; at the 2011 census, 60.5% of Buckinghamshire’s residents did so. The ‘no religion’ group accounts for over a third (35%) of questionnaire respondents, compared with 24% of Buckinghamshire’s residents as a whole. A further 5% of survey respondents identified as Muslim, while 1% were Hindu, 1% Sikh, and an additional 2% belonged to a different religion; these figures are all broadly similar to the proportions given by Buckinghamshire residents overall at the 2011 census.²</p> <p>Those identifying as Christian were significantly more likely to prefer option B, with 62% doing so, while Muslims were significantly less likely to prefer option B (42%).</p>
3.2	<p>Have any complaints on the grounds of discrimination been made in relation to this project?</p>	No
3.3	<p>Please provide evidence of these.</p>	N/A
3.4	<p>What <u>positive</u> impacts have been established through research findings, consultation and data analysis?</p>	<ul style="list-style-type: none"> • The proposed model targets resources at supporting the most vulnerable children and families. We know that our current early help services are not reaching those families who need help most—only 15% of the families accessing the Council’s early help services in 2017/18 had an identified need for support. • Better support for families through ensuring stronger co-ordination and join-up of support across partner organisations, particularly with health and schools. • The retention of delivery sites across Buckinghamshire will maintain the accessibility of the service locally as well as via access through outreach by family support workers and online/telephone support. • Greater potential for flexible responses to changing demography and need, due to the number of localised delivery sites which can be varied to reflect increase/decreasing need or population. • Enhanced Buckinghamshire Family Information Service and on-line resource to enable increased opportunities for self-help.

² 2011 Census data available at:

https://webarchive.nationalarchives.gov.uk/20140712011717tf_/http://www.buckscc.gov.uk/community/research/2011-census/

Equality Impact Assessment Template

		<ul style="list-style-type: none"> • Each school will have a named link family support worker within an area team to ensure the timely identification of families in need and develop support plans. This will help schools to address the rising level of ECHP and increase SEN support. • Increased outreach capacity through integration of services ensuring support plans for children and families are collaborative, clear and effective. • Age—The proposals for change include setting up an integrated family support service which supports families with children 0-19 (up to 25 for those with special educational needs). The family centres would enable increased access to support for families with older children with a wider remit than the current children’s centres which are for families with children 0-5. • Disability—The increased targeting of the service at the more vulnerable should have a positive overall impact for disabled children and families. • Gender—Targeted support for those in need including specialist practitioners in key areas including SEND, domestic abuse and parenting. This specialist support may be particularly beneficial to women so have a positive gender impact reflecting the societal demography of women as primary carers. Currently, there are low numbers of male parents who access children’s centre services. Introducing a more targeted approach provides the opportunity to consider how best to engage with this group to enhance service provision. • Pregnancy/Maternity—Targeted support for those in need is a key aspect of the service design including greater integration of service working with health, which should have a positive impact on this group. • Race—Increased targeting work is aimed at avoiding problems getting worse and the need for social care interventions. There are a disproportionate number of people from BAME backgrounds who have repeat contact with social care. Therefore, the design of the new model, if effective, will have a positive impact in relation to this protected characteristic.
3.5	<p>What <u>negative</u> impacts have been established through research findings, consultation and data analysis?</p>	<ul style="list-style-type: none"> • There will be fewer opportunities for the identification of families through children’s centres. However, this would be offset by improved liaison with schools, early years settings, and health to support increased early identification. A core function of the integrated area teams will be to identify families in need. • There will be a reduced number of fixed delivery sites

Equality Impact Assessment Template

across the county. However this is replaced by more integrated services, outreach work and increased accessibility to family support services through a variety of ways including easier self-referral. Targeted services will remain accessible and the Council will support access to universal services through direct delivery at family centres and through the wider work of the service in promoting community provision.

- **Age**—The service design model is assessed as having an overall positive impact for families 0-19 (and for children up to the age of 25). However, it is recognised that some parents/carers with children 0-5 have expressed concern about the closures of children’s centres, as can be seen in the survey responses.
- **Disability**—The service model is assessed as having an overall positive impact for children and families with disabilities, as a result of targeted provision to those with additional needs. However, in areas where children’s centres are to close parents who wish to access universal/open access stay and play baby/toddler activities may need to look to other community/private provider alternatives. As the profile of children accessing children’s centres is disproportionately children with disabilities this is identified as a potential negative impact and a need for mitigation through ensuring that parents are aware of the range of local community activities available.
- **Gender**—The service model is assessed as having an overall positive impact for women and men. However, in those areas where children’s centres are to close, users who wish to access universal/open access stay and play baby/toddler activities may need to look to other community/private provider alternatives. As the profile of children’s centre users is disproportionately female (75%) this is identified as a potential negative impact and a need for mitigation through ensuring that parents are aware of the range of local community activities available.
- **Pregnancy/Maternity**—The service model is assessed as having an overall positive impact for pregnancy/maternity. However, in those areas where children’s centres are to close there may be a disproportionate impact on mothers as a result of the need for possible changes in some locations of where health services are delivered in future. This is mitigated by both the alternate use of buildings proposal where ongoing health delivery will be maintained in some de-designated sites and further by the commitment of both Public Health and Buckinghamshire Health Trust to localised delivery for their client group, even if this

Equality Impact Assessment Template

		<p>means identifying alternate local delivery sites where continued use of children’s centre buildings cannot be maintained.</p> <ul style="list-style-type: none"> • Race—The service model is assessed as having an overall positive impact on race. However, respondents were significantly more likely to prefer Option A if they were from a BAME background (40% in comparison to the average of 26% for option A). This evidence supports the need for mitigation through an effective communications plan which is targeted at different groups, including BAME groups, on the service changes.
3.6	What additional information is needed to fill any gaps in knowledge about the potential impact of the project?	As part of the implementation planning, the new Family Support Service will ensure that data on protected characteristics is collected on the profile of service users. This will help the service to monitor and target services to different groups to increase the accessibility of services, meet needs, and improve the outcomes of different groups.

Part 4: Testing the impact

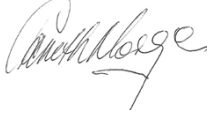
<p>Within this table, please indicate (✓) whether the project will have a positive, negative or neutral impact across the following nine protected factors and provide relevant comments.</p> <p><i>Note 1: Listing a negative outcome does not mean the project cannot continue.</i></p> <p><i>Note 2: This is an opportunity to identify and address issues for improvement</i></p>						
		Positive Impact	Negative Impact	Neutral Impact	What evidence do you have for this?	Improvement Actions Required
4.1	Age	✓	✓		<p>Positive—Family centres set-up to provide support to families with children 0-19, wider than the current remit of children’s centres 0-5.</p> <p>Negative—In areas where children’s centres are closed parents/carers of children 0-5 will be impacted and may wish to access alternative provision e.g. community run baby and toddler groups/activities or travel to their nearest family centre.</p>	Buckinghamshire Family Information Service website to be enhanced to signpost to local community family activities.
4.2	Disability	✓	✓		<p>Positive—increased targeting supports this group.</p> <p>Negative—A disproportionate number of children accessing children’s centre services are disabled therefore will be impacted by the closure of children’s centres. In addition, the survey responses indicated that those with physical or mental health issues had higher levels of negative views about the potential impact of option B on their</p>	An effective communications implementation plan to be put in place, including continuing engagement with key groups such as FACT, to ensure that services are designed and communicated to parents of children with disabilities.

Equality Impact Assessment Template

					families.	
4.3	Gender	✓	✓		<p>Positive—increased targeting of provision provides opportunity for specialist support with health and support for fathers.</p> <p>Negative—In those communities where children’s centres are closed, parents (particularly mothers) may need to access alternative provision (such as community run baby and toddler activity sessions).</p>	<p>Creation of three new posts in the service dedicated to building community capacity.</p> <p>Improvements to the Buckinghamshire Family Information Service Website.</p> <p>Closer working with health providers to enable earlier identification of need.</p>
4.4	Marriage / Civil Partnership			✓		
4.5	Pregnancy / Maternity/ Paternity	✓	✓		<p>Positive—increased targeting of services to those in need will improve accessibility for this group.</p> <p>Negative—In areas where children’s centres are closed, the locations of where anti-natal and post-natal care is delivered from may need to change.</p>	<p>The Council has been working closely with BHT and other health partners to mitigate this risk. In many of these buildings services will continue unaffected by agreement of the new lease holder (predominately schools).</p> <p>Health partners are committed to continuing localised health delivery and will be identifying local alternative venues as needed.</p>
4.6	Race	✓	✓		<p>Positive—A key objective of the new service design is to prevent problems getting worse and the need for social care interventions. The service will be targeted at this group to improve outcomes.</p> <p>Negative—The survey results indicated disproportionate support for alternative service design models.</p>	<p>As part of the communications plan for the launch of the new service, engagement with BAME communities will be critical.</p>
4.7	Religion/ Belief			✓		
4.8	Sexual Orientation			✓		
4.9	Transgender			✓		
4.10	Carers	✓	✓		<p>Positive—The new service is designed to maximise support for carers who need additional support.</p> <p>Negative—Where children’s centres are closing carers may want/need to access alternative universal open access activities e.g. stay and play baby/toddler groups.</p>	<p>Buckinghamshire Family Information Service website to be improved to signpost to local community family activities.</p>

Equality Impact Assessment Template

Part 5: Director / Head of Service Statement

<p>I am fully aware of the duties required of Buckinghamshire County Council (BCC) under the Equality Act 2010 and I have read our Equality Strategy.</p> <p>I am satisfied that this Equality Impact Assessment shows that we have made every possible effort to address any actual or potential unlawful discrimination.</p>	Name: Gareth Morgan
	
	Signature Date: 31 January 2019

Response to Select Committee Scrutiny Inquiry

Inquiry Title	Working Together to Reduce Permanent Exclusions in Schools
Select Committee Owner	Chairman, Children's Select Committee
Date agreed by Cabinet	10 th September 2018
Lead Cabinet Member	Mike Appleyard
Lead Senior Officer (Director)	Tolis Vouyioukas

VERSION CONTROL

Version No.	Changes	Name of response author	Date
Draft Final	Agreed by Cabinet Members	Chairman, Children's Select Committee	10 July 2018
<i>e.g. FINAL 1.0</i>	<i>Agreed by all Cabinet Members</i>	<i>Joe Bloggs</i>	

Recommendation	Agreed Yes/No	BCC Cabinet / Partner Agency Response including proposed action	Responsible Cabinet Member (for BCC recs)	Senior Responsible Officer Owner	Six month progress update
1: It is recommended that Early Help representation should be part of the Bucks Inclusion Hub to ensure families and pupils experiencing difficulties or needing access to additional services get the early help they need	Yes	Cabinet accepts this recommendation and view it as a positive step. The Head of Early Help, Gareth Morgan, will identify a representative to become part of the work being undertaken by Buckinghamshire Inclusion Hub.	Cllr Mike Appleyard	Gareth Morgan Head of Early Help	Gareth Morgan – Head of Early Help will attend these meetings During transition to the new service model being considered by Cabinet on 4.3.19, which includes an operational response and strategic focus to support this area of support needs. An appropriate permanent delegate will be nominated thereafter
2: It is recommended that: a series of workshops 'Towards Better Behaviour, Sharing Best Practice' should be offered on selected INSET days during the academic year 2018/19, to be attended by all head teachers, their INCOs/SENCOs and chairs of governors with the possibility of rolling out the programme on a	Yes	a. Cabinet accepts this recommendation and officers will pilot a workshop on 'Towards Better Behaviour, Sharing Best Practice' in December A decision will be taken on future events once this has been evaluated.	Cllr Mike Appleyard	Viv Trundell Education Entitlement Manager	These recommendation have been actioned. a. Due to the pressures on School inset days We plan to take advantage of the summer term conference to disseminate new information and engage with teaching staff to disseminate best practice

<p>wider basis; and b. senior leadership teams across all schools in Buckinghamshire should be strongly encouraged to attend BCC-commissioned behaviour training (for example, Behaviour Network Meetings) and to include low-level disruptive behaviour training as a standard element in their school.</p>	<p>Yes</p>	<p>b. Behaviour training workshops were initiated and financed by BCC as an exception for this academic year due to the importance of promoting a school led model for the future (an approach that is supported and driven by the DfE). Attendance at the Behaviour Network meetings has been inconsistent and therefore a comprehensive Communications Plan is being developed to ensure good attendance at the meetings in the next academic year (Primary Schools). The secondary sector will receive training as part of the 'Towards Better Behaviour, Sharing Best Practice' workshops, which will also be promoted in the Communications Plan.</p> <p>We will continue to work with schools directly and as part of the Inclusion Hub work to prevent exclusions and encourage inclusive practice. The development of an Inclusion Charter will assist this culture change.</p>			<p>b. Three Behaviour training sessions were offered to the Primary sector.</p> <p>Topics covered were:</p> <ul style="list-style-type: none"> • Managing low level disruption in the classroom • Managing extreme behaviours in school • Supporting colleagues to manage situations <p>A more proactive approach was taken in promoting attendance, phone calls were made to individual Headteachers, which resulted in an improved uptake of between 30% – 50%. The feedback from schools was over whelmingly positive.</p>
<p>3: It is recommended that: 3a. BCC guidance and toolkit templates should be reviewed immediately if there are any changes to national guidance or legal advice. Any changes should be made within 5 working days at a minimum and communicated to head teachers and governors within the same time period; and 3b. the toolkit should be removed from the schools website when</p>	<p>Yes</p>	<p>a. Cabinet accepts this recommendation and officers will action when new guidance is published. This is part of normal practice. We are not aware of any imminent changes.</p>	<p>Cllr Mike Appleyard</p>	<p>Viv Trundell Education Entitlement Manager</p>	<p>These recommendations have been actioned.</p> <p>a. The toolkit is up to date and accessible via Schools web.</p> <p>b. Processes have changed to ensure that the toolkit is removed immediately when there are changes to guidance which need the toolkit to be updated.</p>
<p>186</p>	<p>Yes</p>	<p>b. Cabinet accepts this recommendation.</p>			

<p>amendments are being uploaded to ensure version control integrity and prevent out of date material being used by schools</p>					
<p>4: It is recommended that, through the Side by Side project, the BCC SEN Team facilitates and supports schools in setting up regular SEN audits using a system-led model to ensure that their policies and procedures are compliant with legislation and regulations and in line with current best practice</p>	<p>Yes</p>	<p>Cabinet accepts this recommendation, and BCC officers will work with colleagues in Side by Side to encourage bids from schools. This will ensure the audits are school led reflecting the principles of the Side by Side approach. Bids will be invited via the September Schools Bulletin. School outcomes as a result of this project will be monitored.</p>	<p>Cllr Mike Appleyard</p>	<p>Ben Dunne</p>	<p>This recommendation has been actioned.</p> <p>A Side by Side project has been initiated. It is focussing on the reduction of exclusions and increased inclusivity. Six schools were identified. All were very willing and welcomed the opportunity to take part. It is expected that this will conclude in the summer term. Each school will be audited, an action plan developed and reviewed to ensure progress. Together with joint meetings to share learning. The final action of the project will be to host a conference to share good practice and the learning which has taken place.</p>
<p>5: It is recommended that Education Service officers:</p> <p>a. more effectively promote and signpost guidance to schools to help them to identify, within statutory requirements, how much information and evidence to include on Education Health and Care Plan forms ; and</p> <p>b. review communications to head teachers concerning alternative provision opportunities through the SEND Local Offer to ensure all avenues are being explored when pupils are in imminent danger of</p>		<p>a. Buckinghamshire’s Local Offer is hosted on the Buckinghamshire Family Information Service Website. It has a wealth of information on EHC processes and ‘the SEN support’ offer. EHC plans should be specific to a child’s needs and therefore it would not be appropriate to publish a ‘good example’ generic document. BCC officers will review the published Local Offer to ensure it offers leading edge advice.</p> <p>b. BCC officers will work with Buckinghamshire Family Information Service to ensure that the current menu of alternative provision accurately reflects the alternative</p>	<p>Cllr Mike Appleyard</p>	<p>Viv Trundell Education Entitlement Manager and SEN Manager</p>	<p>This recommendation has been actioned.</p> <p>a. Please note that The Local Offer for SEND is under continual review. The most recent updates include revised templates from the SEN team., Specialist Teaching Service and the Early Years Team. Also included is a guidance document for schools entitled “How to write an EHC needs assessment”. https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/advice.page?id=y_3GT3zAxbc</p> <p>b. The Local offer currently reflects our menu of alternative provision. Our current knowledge suggests that</p>

being permanently excluded		provision on offer to schools.			the alternative provision market is very small. Schools prefer to commission provider with whom they have a previous and trusted relationship.
188 6: It is recommended that, as part of the review of the outcomes of SENDIAN pilot, the Education Service should also review the impact and value of a 'named' Educational Psychologist for schools and explore ways in which mixed primary and secondary school clusters could be set up to achieve this objective where budgets allow	No	Cabinet is unable to support this recommendation. There is a national shortage of Education Psychologists and recruitment in Buckinghamshire is difficult. Existing BCC Educational Psychology resource is focused on meeting our statutory duties. When there is capacity preventative work will be delivered and this approach will be included in our review and restructure of SEND. As an interim action the School Liaison Officers will discuss with schools the possibility of collectively commissioning a private Education Psychologist to support the schools in the Liaison Group area	Cllr Mike Appleyard	Katherine Wells Education Officer	This recommendation has been actioned. The possibility of collectively commissioning a private Education Psychologist to support the schools in the Liaison Group Area was discussed at each group. Whilst generating a lot of discussion the majority did not support this proposal. Many schools have commissioned their own private EP, others felt their budget would not support this development and a national MAT felt they had support from their Head office. BCC are currently exploring the possibility of providing the primary PRU with an attached Education Psychologist. It was felt this was the best use of the limited resources focussing on early prevention.
7: It is recommended that, as part of its work on the Inclusion Hub, officers should facilitate formal locally-based networks of head teachers to support each other on permanent exclusion issues	Yes	Cabinet accepts this recommendation and officers will use the established School Liaison Groups to facilitate this. The School Liaison Officers will include on September meeting agendas.	Cllr Mike Appleyard	Katherine Wells Education Officer	This recommendation has been actioned. A number of Headteachers were happy to be a point of contact to offer support on permanent exclusion issues. Headteachers who were part of a Multi Academy Trust felt they would be able to access this support from their central team. Additionally the Exclusion & Reintegration officers will sign post Headteachers to experienced school colleagues when appropriate.

<p>8: It is recommended that the BCC website is further strengthened to make it more user-friendly for parents. This should include: a link to a permanent exclusion Q&A format or leaflet for parents whose child has been permanently excluded; and signposting to a range of advocacy services to help parents negotiate the permanent exclusion process, an approach which is favoured by other local authorities</p>	<p>Yes</p>	<p>Cabinet accepts this recommendation and will ensure that the public website is updated and improved.</p>	<p>Cllr Mike Appleyard</p>	<p>Viv Trundell Education Entitlement Manager</p>	<p>This recommendation has been actioned.</p> <p>BCC website now includes a list of agencies that offer Independent advice and support. The link to the Department for Education guidance on exclusions provides advice and guidance for parents on exclusions and their rights.</p>
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PLACEMENTS

Exploring a high cost area



Shortages of local placements and high areas of spend make this a common area of reflection for Local Authority scrutiny across the country

The aim of this inquiry is to:

- Support Members in **understanding** this **complex area**
- Provide a **greater insight** into this service area; using a private workshop which is led by Senior officers
- **Add value** by supporting Members to **formulate strong lines of questioning** for future scrutiny committees and inform work programming.

1

Formation of a joint task group made up of Children's Select Committee and Budget Scrutiny Committee Members (February)

Suggestions include: Dev Dhillon, David Watson, David Martin, Steven Lambert, Katrina Wood, Isobel Darby (max 10)

2

The task group will briefly explore some headline areas which they are keen to understand in greater depth. This will support the service to plan a meaningful workshop which maximises everybody's time (March)

3

Private insight workshop

Lead officers to deliver the co-designed workshop, which will support Members in understanding this complex area; examples of content could be legacy issues, remodelling, vision, the improvement journey, what 'good' looks like, the approach to commissioning and case studies (April / May)

Lead officer: Tolia Vouyioukos, Jane Bowie, Richard Nash, Nathan Whitley and others (as advised by the service)

4

Democratic services will support a short debrief and reflection session, with the task group, to gain Member feedback and establish if any further clarification is needed

5

Short, follow-up session with lead officers, if required, to pick up any outstanding issues, and to consider ways to support the service to generate a wider understanding from all Members. Potential induction material for Unitary

