

Impact Assessment

Step 1: Screening for relevance

Name of a policy / procedure / function / project / decision:	CHILDREN'S CENTRES
Date:	December 2010
Lead Officer:	Ric Turnock (Role Principal Manager, Prevention and Early Intervention) Jane Middleton
External Challenger:	
Other members of team undertaking Impact Assessment:	Isabel Noonan; Sarah Blaylock

Main aims, purpose and outcomes and how does it fit in with the wider aims of the organisation:

Sure Start Children's Centres are at the heart of the Every Child Matters: Change for Children Programme. Whilst seeking to improve early years outcomes for all children, through promoting integrated approaches to the delivery of universal early years services tailored to meet the needs of individual communities, they have a particular role in the development and delivery of more targeted responses in order to reduce the inequalities of outcomes between the most disadvantaged children and the those who are more advantaged.

Please delete guidance notes (*in italic*) after completion

Step 2: Scoping

What do you already know about the policy (decision etc), what are the main issues you need to consider: <i>(Prompts: promotion of equality in the areas of age, disability, gender, gender reassignment, race, religion or belief, sexual orientation, or human rights; meeting the needs of different communities and groups; outcomes of any relevant consultation already undertaken; examples of good practice in this area)</i>				
Target group / area	Main issues (<i>bullet points</i>)	Evidence and data currently available (<i>qualitative & quantitative</i>)	Consultation / involvement carried out	Further information needed to undertake the assessment
Race and Ethnicity <i>(including Gypsy and Travellers; migrant workers, asylum seekers etc.)</i>	<ul style="list-style-type: none"> Gypsy and Traveller population is believed to constitute largest ethnic group. Research suggests that children from this group experience very poor educational outcomes and have limited engagement with community health services. 	<ul style="list-style-type: none"> Primary Care Trust Needs analysis National/Local analysis of educational outcomes. 	<ul style="list-style-type: none"> Liaison with Traveller Education service which has ongoing dialogue with Gypsy and Traveller community. 	
	<ul style="list-style-type: none"> Immigration from East Europe post dates 2001 Census. Poor information about communities and needs. 	<ul style="list-style-type: none"> School Census data as proxy measure 	<ul style="list-style-type: none"> Word of mouth has contributed to certain centres attracting particular ethnic groups drawn from wider population. Universal health services (Midwifery and Health visiting) provide a valuable mechanism for promoting awareness and engagement. 	

Please delete guidance notes (*in italic*) after completion

Disability <i>(as defined by the DDA: ..."someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)</i>	<ul style="list-style-type: none"> Supporting disabled parents to access services 	<ul style="list-style-type: none"> National research has identified that such children will achieve poorer outcomes, particularly in relation to educational achievement and economic well-being. 	<ul style="list-style-type: none"> Positive action to involve disabled parents in service development. Disabled parents consulted during development of Design Brief and the formulation of 'room data sheets' incorporated into design pack provided to all design consultants. 	
	<ul style="list-style-type: none"> Providing services appropriate to developmental needs of disabled children. 		<ul style="list-style-type: none"> Close liaison with Parent Partnership Co-location with Child Development Service assists personalisation of services. 	
Gender / Gender reassignment	<ul style="list-style-type: none"> Failure to engage fathers in family focused activity. 	<ul style="list-style-type: none"> Observable use of Centres is predominantly by children accompanied by mothers. 	<ul style="list-style-type: none"> Consultation suggests that working fathers are resistant to joining activities that require a regular weekly commitment. 	Investigate whether current data system can be more effectively used to measure trends in paternal usage (current data predominantly reflects child rather than parental use).
	<ul style="list-style-type: none"> Low level of male representation 			

	<p>in workforce, prejudicial attitudes and behaviours towards those who are.</p> <ul style="list-style-type: none"> • Predominance of activity within working day restricts opportunity for working parent, of either gender, to access services. 		<ul style="list-style-type: none"> • Attempts to establish weekend and evening delivery have met with low levels of service usage. 	
Religion and belief	<ul style="list-style-type: none"> • Failure to recognise potential of faith groups to provide family support and child focussed activity. 		<ul style="list-style-type: none"> • Liaison with 3rd Sector Hub 	
Sexual orientation (<i>inc. heterosexual, lesbian, gay, bi-sexual</i>)	<ul style="list-style-type: none"> • Failure to provide appropriate Family Support. 			Further work required to ensure frontline staff have an understanding of how discriminatory attitudes towards parents impact upon children before needs can be assessed.
Age Children and young people Adults Younger older people Older older people	<ul style="list-style-type: none"> • Failure to fully engage teenage parents. 	<ul style="list-style-type: none"> • Reach and registration data suggests high level of engagement but falls short of 100% that is our target. 	<ul style="list-style-type: none"> • Consultation through Midwifery Service and Connexions who target engagement with this group. • Engagement with individual members of impact group, and evaluation of all activities 	

			undertaken by them.	
	<ul style="list-style-type: none"> Parents who have a number of children, with a range of ages, may find it difficult to access activities that are age-specific to a particular child. 		<ul style="list-style-type: none"> Individual consultation and potential use of crèche/childcare to overcome barrier. 	
	<ul style="list-style-type: none"> Failure to meet needs of grandparents with significant caring responsibilities. 		<ul style="list-style-type: none"> Local consultation has identified high numbers of such arrangements, particularly in more disadvantaged areas. Anecdotally it would appear that many grandparent carers are in poor health. 	Investigate whether current data system can be more effectively used to capture and analyse grand-paternal caring and patterns of engagement with Centres in order to identify possible barriers to engagement.
Rural communities	<ul style="list-style-type: none"> Potential failure to identify additional needs of individual families 	<ul style="list-style-type: none"> Systems to achieve mechanism to identify additional needs through close partnership with universal services not fully developed 	<ul style="list-style-type: none"> Consultation exercises undertaken in many rural communities at outset. Ongoing involvement of parents, community organisations in 	

		in rural areas.	local service planning and evaluation.	
	<ul style="list-style-type: none"> Barriers to families accessing services 	<ul style="list-style-type: none"> Childcare sufficiency audit 	<ul style="list-style-type: none"> As above and consultation in support of Childcare sufficiency audit 	
	<ul style="list-style-type: none"> Sustainability of childcare provision 	<ul style="list-style-type: none"> Childcare sufficiency audit 	<ul style="list-style-type: none"> Consultation with individual childcare providers. 	
Areas of deprivation	<ul style="list-style-type: none"> Children from such communities consistently experience poorer outcomes against a wide range of outcome measures. 	<ul style="list-style-type: none"> Child Poverty Audit. Health Joint Strategic Needs Assessment. EYFSP data 	<ul style="list-style-type: none"> Children's Centre advisory groups and parent forums. 	

Step 3: Assessing impact and strengthening the policy

Target group / area	Is the policy (function etc.) likely to have an adverse impact on any of the groups? If yes please comment <i>Please start by considering the aspects below</i>	Are there any particularly positive impacts of the policy (function etc.) on any of the groups you would like to highlight?	Please rate the impact taking into account any measures already in place to reduce the potential impact highlighted in the previous column. High -significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available, urgent need for consultation with service users, general public, employees Medium -some potential impact, some mitigating measures in place but no evidence available how effective they are, would be beneficial to consult with service users, general public etc. but not urgent Low -almost bordering with non relevance to the EIA process (heavily legislation led - very little discretion exercised, limited public facing aspect			Future actions that may need to take place to further reduce the impact.
			High	Medium	Low	
Race and Ethnicity <i>(including Gypsy and Travellers; migrant workers, asylum seekers etc.)</i>	Travellers – <ul style="list-style-type: none"> Engagement in trusting relationship in service provision. Understanding childcare needs and how these might be met Developing mutual understanding of value of early education. 	Effective local planning and tailoring of services provides a mechanism for ensuring that marginalised groups are reached and responded to via Local Delivery Plan. There is an annual review through SEF and annual conversation on behalf of Local Authority. Development of outreach models (partnership with Traveller Education Service) of service delivery help ensure that service users from different racial groups are not disadvantaged within the service. All Borough staff are encouraged to attend workshops on traveller culture.		X		Dedicated resource deployed locally to continue to develop trusting relationships to promote engagement with universal services.

		Services developed in Elton area are being consolidated through investment in improved community resource at Elton CPS which is school used by majority of Traveller children.				
	<ul style="list-style-type: none"> Rapid influx of families from EC new member states 	<p>Local promotion of services in locations known to be used by target groups, eg Churches, Schools, Shops.</p> <p>Translation and interpretative services available.</p>		X		More systematic approach to engagement <i>(to include possible linkage to planned work to be undertaken by Adult Social Care looking at role and status of those who migrate for purpose of providing care within migrant families).</i>
	<ul style="list-style-type: none"> Small dispersed nature of communities and individuals 	<p>Local promotion of services in locations known to be used by target groups, eg Churches, Schools, Shops.</p> <p>Translation and interpretative services available.</p>		X		Identification of organisations that can facilitate engagement.
<p>Disability <i>(as defined by the DDA: ..."someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities)</i></p>	<p>Disabled children –</p> <ul style="list-style-type: none"> Accessible environments Needs met with understanding and dignity <p>Disabled parents –</p> <ul style="list-style-type: none"> Accessible environments <p>Families with disabled children –</p> <ul style="list-style-type: none"> Accessible, affordable high quality childcare Accessible family support 	<p>Localisation: Accessible local delivery through 22 children's centres designed to minimise barriers to accessing services; linkage to the Local Authority's resourced Nursery Strategy; and early years consultant involvement in promoting awareness of disability issues enables children's centre provision to help reduce the disabling consequences of impairment. Child Development Services located within Children's Centre (Blacon and Greenfields) to ensure children's centre services are</p>		X		Further development of Neonatal family support service.

		accessible to all. The CDS services based in centres enables swift access to services such as speech and language/ physiotherapy services				
Gender / Gender reassignment	<p>Father –</p> <ul style="list-style-type: none"> Engagement with fathers as service users 	<p>All centres are required to identify strategies for engaging with fathers through the delivery plan process.</p> <p>Dissemination of best practice from ‘Fatherhood Institute’.</p> <p>Many centres run “Dads and kids” groups to encourage involvement</p>		X		<p>Systematic approach to delivery of awareness training informed by increasing body of evidence that suggests that failure to engage fathers is detrimental to safeguarding outcomes.</p> <p>Review terms and conditions of employment to assist in resourcing provision outside Monday to Friday, 8- 6 pm is likely to impact to a greater extent upon working fathers accessing services</p>
	<ul style="list-style-type: none"> Recruit of males to childcare workforce 	<p>Commitment to developing mixed gender multi-disciplinary teams will help to mitigate against children’s centres being ‘female’ environments.</p>	X			<p>Removal of restrictions on permanent recruitment (either through direct employment or short term SLAs) that mitigate against males viewing such employment as a viable route to ‘bread-winning’. Liaise with HR concerning E&D priorities setting.</p>
Religion and belief	<p>People with different religions or faiths (including people who do not have a religion or faith) – Identification of disparate needs</p>	<p>No centre has been developed on a site associated with a particular religion or faith. Localised (centre by centre) implementation planning focuses on development of</p>			X	

		<p>local partnerships which encourage the engagement of faith organisation in local networks of provision.</p> <p>Assessment of needs takes into account religious beliefs/faith.</p>				
Sexual orientation <i>(includes heterosexual, lesbian, gay, bi-sexual)</i>	<p>Support parents and carers living in diverse family units –</p> <p>Gay and Lesbian parents –</p> <p>Family support appropriate to needs.</p>	<p>Positive imagery to reflect diversity of family units.</p>		X		<p>More systematic approach to awareness training should help ensure that workers and service users feel comfortable in using services.</p>
Age Young people	<p>Teenage parents –</p> <ul style="list-style-type: none"> Engagement through valued activity within valued environment Support to engage in education, training or employment 	<p>On-going consultation with teenage parents to establish how and where needs are best met</p> <p>It is recognised that a challenge exists in creating settings that are well organised with structured programmes of activity, but which provide the degree of informality required to retain the engagement of teenage parents.</p> <p>Look at providing services during weekends and evenings to support parents/carers</p>		X		<p>Improved data sharing to ensure that all teenage parents can be encouraged to participate in universal and targeted provision.</p> <p>Increased partnership working to avoid risk of service duplication whilst ensuring that service is personalised to the individual or local cohort.</p>
Older people	<ul style="list-style-type: none"> Ensuring that grand-parents with high level of childcare responsibility are aware of and feel 	<p>Grand-parents are currently welcomed and encouraged to attend Children's Centre activity</p>		X		<p>No mechanism currently exists to identify whether the needs of this particular group of carers <i>(some of whom have significant</i></p>

	able to access Children's Centre services.					<i>issues of ill-health and other caring responsibilities) are being met.</i>
Rural communities Service availability (access)	Ensure no child is disadvantaged on account of rurality	Dispersed model of provision in rural communities Individual outreached family support is available to any family identified as meeting threshold for that service. Investment in childcare facilities to ensure that the quality and accessibility of the early years offer is enhanced.		X		
Cost of service delivery and costs to community to access the service		Additional allocation of Family Support and Early Years Worker resource to compensate for increased travel time.		X		
Impact on quality and character of the natural rural landscape and residents	N/A					
Impact on people wishing to visit the countryside	N/A					
Areas of deprivation	Seeking to narrow the gap in attainment at the end of the Foundation Stage	Centres are located in areas of greatest deprivation. Resource allocation is weighted by IMD. Detailed analysis of patterns	X			Reduction in gaps in attainment are most discernable in those communities that have consistently benefited from highest level of intervention for longest period. Potential need

		<p>of Children's Centre 'Reach' and 'Registration' ensures that resource is targeted towards those communities that experience greatest deprivation. Detailed quarterly reports enable activity to be re-focussed on an ongoing basis.</p> <p>All planning and evaluation procedures within individual Centres are supported by detailed and highly localised data provided by a range of partnering agencies.</p> <p>Early Years Consultants target settings with the lowest attainment on EYFS profile</p> <p>Targeted programme delivered in Children centres to raise financial literacy, awareness of benefits entitlement etc.</p>				to further move resource from more advantaged communities to ensure measurable impact at whole community level in all disadvantaged communities.
<p>Other 1</p> <p>Children whose parents experience mental ill-health</p>	Ensure children do not miss out on access to universal entitlement due to parent mental ill-health	<p>Family Support services support families to access universal entitlement for their children.</p> <p>All Family Support workers in Western Cheshire PCT (WCPCT) area are being trained in use of simple diagnostic tools to help identify parental illness and have access to clinical advice</p>	X			Establish similar partnership with mental health services in Central and Eastern Cheshire PCT (CECPCT) area.

		through regular surgeries with mental health practitioners.				
Other 2 Children who are subject to a Social Services intervention.	Ensure that pre-school Children in Need, those who are subject to a Child Protection Plan, and those who are looked after by the Local Authority are supported to access universal services.	Close liaison between preventative and statutory teams seeks to ensure that access to relevant early years services is incorporated into all care planning.				Further development of use of data hub to match data extracts from Paris and e-Start to identify those children for whom this is not happening.
Other 3 Children of parents in armed forces.	Ensure that pre-school children whose parents are in armed forces have access to universal services and additional family support where a need is identified.	Close liaison with schools serving Dale Camp and with Heath Visiting service has identified a significant proportion of children whose mothers require additional support. A Family Support Worker has been assigned to this work.				Ongoing development of services following joint needs assessment being undertaken by WCPCT.
Human rights	Prohibition of discrimination Right to private and family life		No Rating Needed			

Step 4: Health and wellbeing

	Race and Ethnicity	Disability	Gender / Gender reassignment	Religion and belief	Sexual orientation	Rural communities	Areas of deprivation	Age
<p>Is the policy (function etc.) likely to have the potential to impact on human health (pls. comment). If yes please specify.</p> <p>The impact across all the strands is positive</p>	<p>Yes, close engagement with universal health services promotes engagement with those services and in health promoting activities.</p>	<p>Yes, Family Support interventions start pre-birth; are being developed in neo-natal units, and work in conjunction with Child Development Service.</p>	<p>Yes, strong focus on health promoting lifestyles in all work undertaken with fathers.</p>	<p>Yes, engagement with faith groups provides opportunity to make 'early' interventions that support emotional well-being for parent and child.</p>	<p>Yes, Children's Centres have increasing role in sexual health services.</p>	<p>Yes, Children's Centres provide a mechanism for addressing mental health issues that are compounded by rural isolation.</p>	<p>Access to universal community health services now available through Children's Centres in all most deprived communities.</p>	<p>Yes, Children's Centres have a strong focus on promoting parental capacity to meet all aspects, including health-related, of child's developmental needs.</p>
<p>Will there be a significant impact on any of the following lifestyle related variables? Pls. comment</p>	<p>Physical activity: Children's Centres all run programmes of activity designed to promote healthy lifestyles.</p> <p>Smoking, Drugs or alcohol use: Children's Centres provide access to activities and support designed to promote smoking cessation. Family Support interventions challenge and support parents in relation to mis-use of alcohol and drugs.</p> <p>Sexual behaviour: Centres provide information and access to services that promote sexual health.</p> <p>Accidents and stress at home or work: Individual Children's Centres work closely with Fire & Rescue Service and ROSPA to eliminate hazards in home environment. Centres provide activities, eg Baby Massage, that promote a healthy bond between mother and child.</p> <p>Diet: Regular scheduling of groupwork and adult learning activities that promote healthy eating. Some Centres have associated allotments. Breastfeeding promoted in all Centres.</p>							

Is there likely to be a significant demand on any of the following health and social care services?	Social services: Effective early intervention may lead to the identification of individual children whose needs require a social care intervention, or an intervention at an earlier age than might otherwise have been apparent; however the overall impact of the service at a whole community level should be to make effective early interventions that over a period of time support families, enhance parenting capacity and mitigate risks of harm to children leading to a reduction in the demand upon social care services.
	Primary care Community services: The service seeks to actively promote engagement with these services, particularly in those families that are reluctant or resistant to engage with them. The impact of this early engagement should be to reduce demand upon secondary and tertiary services.
	Primary / hospital care/ A&E / Need for medicines etc: The service seeks to actively promote home safety and the development of healthy lifestyles for parents and children, targeting activity on those areas that experience the worst health outcomes. The desired impact of this preventative work is a reduction in demand for secondary and tertiary services.

Step 5: Procurement and partnership

Is this project due to be carried out wholly or partly by contractors?	Family Support Services are partly contracted out to 'Action for Children'. A contribution is made to the salaries of staff employed by: Catch 22, West Cheshire College; WCPCT, CECPCT.
If yes, what steps did you take to ensure that any partner organisation you work with complies with equality and human rights legislation, specifically in relation to:	Service specifications are those inherited, and carried forward, from Cheshire County Council. All will be reviewed in conjunction with Legal and Procurement colleagues as part of ongoing tendering exercise to take effect from 1 st April 2011.
<ul style="list-style-type: none"> tendering and specifications 	
<ul style="list-style-type: none"> awards process 	
<ul style="list-style-type: none"> contract clauses 	
<ul style="list-style-type: none"> monitoring and performance measures 	

Step 6: Making a decision and actions

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact? N/A Reflect these actions in the E&D part of the Directorate Business plans.		
Action	Lead Officer	Deadline
Effective Local Planning <ul style="list-style-type: none"> All centres to have an Advisory Board consisting of parents and professionals. Children's centre service coordinators to ensure group membership takes positive steps to ensure impact group interests represented. Every centre to establish a parents forum to feed into the above. Focus on engagement with fathers as service users. Ensuring that grand-parents with high level of childcare responsibility are aware of and feel able to access Children's Centre services. 	Children's Centre Service Coordinators	Individual date for each centre matching the date that the reach full core offer however this must be less than two years after designation

<ul style="list-style-type: none"> Centres have a standardised process of Registration and logging of usage. Protocols are being reviewed to encourage service users to disclose or update possible membership of impact groups. 	Performance Task Group, e-Start Lead Officer.	By April 1 st 2011.
<ul style="list-style-type: none"> Reduction in gaps in attainment are most discernable in those communities that have consistently benefited from highest level of intervention for longest period. Potential need to further move resource from more advantaged communities to ensure measurable impact at whole community level in all disadvantaged communities. Establish similar partnership approaches to working with mental health services in CECPCT area. Further development of use of data hub to match data extracts from ICS and e-Start to identify those children subject to a statutory intervention who are not accessing Children's Centre services Ongoing development of services to forces families informed by Public Health Risk Assessment undertaken by WCPCT. Dedicated resource deployed locally to continue to develop trusting relationships to promote engagement with universal services (mainly with regard to "hard to reach" groups) More systematic approach to engagement with East European communities <i>(to include possible linkage to planned work to be undertaken by Adult Social Care looking at role and status of those who migrate for purpose of providing care within migrant families)</i>. Identification of organisations that can facilitate engagement. Aim to improve workforce representation through E&D priority setting (liaise with HR business partner) More systematic approach to E&D awareness training in order to ensure that workers and service users feel comfortable in using services. Teenage parents - Improved partnership working to avoid risk of service duplication whilst ensuring that service is personalised to the individual or local cohort. 	<p>Children & Young People's Commissioners</p> <p>Children's Services Locality Manager (Winsford & Northwich)</p> <p>Children's Data and Information Manager/ E-Start Lead Officer</p> <p>Children's Centre Service Coordinator (Kingsway & Upton)</p> <p>Children's Centre Service Coordinators</p> <p>Children's Service Locality Managers</p> <p>Children's Services Locality Managers</p> <p>Children' Workforce Development Team</p> <p>Children and Young People's Universal Commissioner</p>	<p>From April 1st 2011</p> <p>Ongoing</p> <p>Initial run by 31st January 2011</p> <p>Ongoing</p> <p>Ongoing</p> <p>From April 1st 2011</p> <p>March / April 2011</p> <p>Planned delivery during 2011-2012</p> <p>Ongoing</p>

Step 7: Monitoring and review

How will you monitor the impact and effectiveness of this policy (function etc.)?	<ul style="list-style-type: none"> • Reports generated by the e-Start information system • Annual Children's Centre Self Evaluation Framework (SEF) • Impact data provided by partners (internal and external).
<p>Next review of the policy (function etc.)</p> <p>There is likely to be a further requirement to review this document in the light of emerging proposals to address the challenges of the Comprehensive Spending Review.</p> <p>Monitoring of Reach and Registration and engagement with defined target groups will be reported to the Safeguarding Senior leadership team on a quarterly basis.</p>	2011

Step 8 Signing off; Overview and Scrutiny involvement; Publishing

Lead Officer:	Ric Turnock	
Approved by Head of Service:	Paul Boyce / Jane Middleton	
Overview and Scrutiny involvement		
Date:	November 2010; January 2011	
Comments / Actions emerging from challenge session	Lead Officer	Deadline
Reconsider rating of the impact on various communities and the supporting evidence	Ric Turnock	November/ December 2010
More detailed required concerning a provision for socially deprived communities		

All Impact Assessments are publicly available from a designated area of the Council's website, please forward the completed EIA to the Equality and Diversity Managers for publishing.