

Impact Assessment

Version 2016

Assessment of:	Children's Centre Commissioning
Service:	Education
Head of Service:	Dawn Stabb 
Date of sign off by Head Of Service/version:	13 June 2017
Assessment carried out by (incl. job title):	Val Smith Senior Commissioning Manager Early Years

Section 1 - Background

Description:	<p>The Early Years' Service undertook a thorough public consultation in 2014 and the following principles were agreed.</p> <ul style="list-style-type: none">• Reduce buildings in order to concentrate funding on front line services• Continue to provide a universal entry into Children's Centre activities• Reduce numbers of contracts from 43 to 8 aligning to city/council boundaries in order to reduce management cost <p>The new commissioning model was adopted and the children's centres in Northern Devon and the South West areas were completed by April 1st 2015 with 6 contracts let aligned to district council boundaries. However the planned procurement of Exeter/East and Mid Devon was delayed by one year whilst we explored the possibility</p>
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	<p>of jointly commissioning the Public Health Nursing service and children's centre service as one contract. This has been investigated but due to complex issues within their current contract it was agreed by senior officers and lead members that due to the complexity of the situation the two service areas would remain independently commissioned but develop service specifications that would be co-dependant ensuring a seamless service for families.</p> <p>Children's Centres continue to act as a community hub co-ordinating and delivering integrated universal and preventative and targeted services which provide support to children under 5 and their families. Whilst Children's Centres do provide a small number of universal services their focus is primarily on engagement with vulnerable and disadvantaged families.</p> <p>They work in partnership with Midwifery and the Health Visiting Service who do offer a universal service to all families with young children.</p> <p>There has been an appraisal of all designated Children's Centre buildings in Devon in line with the 2014 consultation and the number of buildings has been significantly reduced in order to reduce management costs and develop the outreach model. .</p> <p>The recent procurement process undertaken in Northern Devon and South and West has culminated in one provider being successful in all contract areas which has further management costs.</p>
Reason for change/review and options appraisal:	<p>Due to financial pressures a Children's Centre review has taken place as a further savings target will have to be met in 2018.</p> <p>Devon's Early Help strategy has been reviewed and within this the preventive role Children's Centres play in supporting families with young children. The emphasis continues to offer Early Help to the most vulnerable families with young children preventing escalation where appropriate and reducing the chances of children repeatedly entering into social care statutory services.</p> <p>However a gap has been identified in the targeted support system for children between the age 5 and 8 years</p>

	<p>therefore discussions have taken place with other Early Help providers to transition targeted family support in to Children's Centres for families with children between 5 and 8 years where access to evidenced based parenting programmes /approach is identified as part of an Early Help plan.</p> <p>In recent years the potential market place of providers wishing to deliver Children's Centres has diminished significantly. This is due in the main to the reduction in funding and also change in direction of some national providers to working with the most vulnerable older children and young people. Devon County Council remains committed to commissioning services rather than direct delivery of services. To mitigate against future budget reductions and by using the learning from the two previous tenders where one organisation has been successful it is proposed that one county contract is procured which will further reduce management costs focusing funding on front line delivery.</p> <p>However a Market Warming event will be facilitated prior to the launch of the tender by DCC procurement and space will be given to interested providers of all sizes to look at how partnerships/consortium bids may be developed. There will also be a specific question built into the award criteria about how the provider will work in partnership with both DCC and local partners in order to improve outcomes for families with young children.</p>
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Section 2 - Key impacts and recommendations

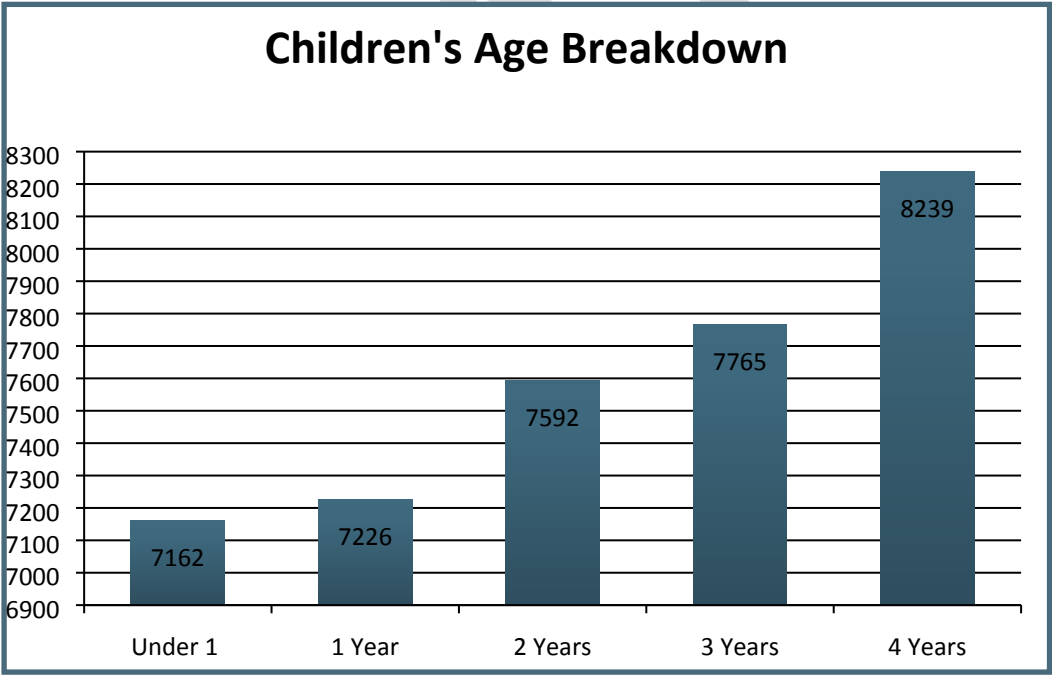
Social/equality impacts:	<p>The service will continue to work alongside partners in health and midwifery services to provide a specialist targeted support offer <u>focusing resources on children 0-3</u> where the evidence base shows that a warm and secure attachment from parents is critical for young children. A warm, consistent and secure attachment with a primary caregiver provides the environment which enables good social and emotional development (1001 critical days). They will continue in line with the agreed principles in the 2014 consultation to direct resources to children living in families in the most deprived communities in Devon that are at more significant risk of having poor life</p>
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	<p>chances in health and, education when entering into adulthood.</p> <p>However the new service specification will provide the opportunity for families with children aged 5 to 8 years to receive a targeted family support offer through their families attending an evidenced based parenting programme and where appropriate direct support in line with their work already undertaken in the targeted family support programme.</p>
Environmental impacts:	There is no environmental impact anticipated as number of centres is expected to remain the same
Economic impacts:	It is envisaged that by procuring one contract sufficient management savings will be identified to support the additional evidenced based parenting programmes that will be required through the extended age range. The successful service provider will be asked to identify efficiency savings which will then be diverted to support families with children between 5 and 8 years. Extending the age range may provide opportunities to broaden the knowledge and skills and experience of the workforce.
Other impacts (partner agencies, services, DCC policies, possible 'unintended consequences'):	<p>The development of a co- dependant service specification with the Public Health Nursing service would provide a real opportunity to develop a seamless service for families creating a pathway of support identifying the "right person" at the "right time" to support families with young children.</p> <p>Links with primary schools would have to be strengthened as in the main they would identify families who may benefit from the extended parenting programmes.</p>
How will impacts and actions be monitored?	Through robust contract monitoring arrangements undertaken by Devon County Council as Responsible Body

Section 3 - Profile and views of stakeholders and people directly affected

People affected:

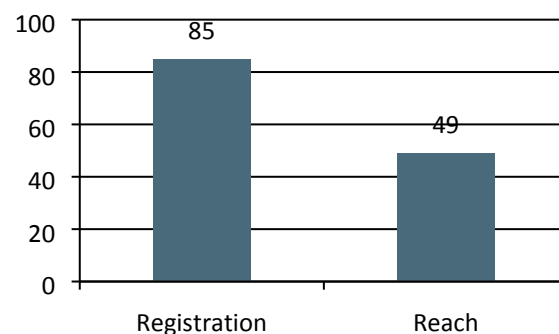
The current population 0- 5 years in Devon which is 37,984



Therefore in terms of delivery of the service, all children in this age group and their families could be affected.

<p>Diversity profile and needs assessment of affected people:</p>	<p>Who is the target group for services?</p> <p>The intended overall ‘customer base’ for the Children’s Centre service is the most vulnerable children aged 0-5 and their parents/carers (and including children aged 5-8 in specific circumstances). The Children’s Centre Profile provides specific analysis regarding the 0-5 population based on data regarding children’s health and wellbeing and the demographics of those using or not using the service. In general, the analysis and data provided in the Children’s Centre Profile demonstrates that at a Devon level, and for many geographic areas, the health and wellbeing of Devon’s children aged 0-5 is relatively good compared when compared nationally. However, the overall figures can disguise inequality of outcomes for individual children and specific Lower Super Output Areas (LSOAs) in both urban and rural areas.</p> <p>Summary data from the Family Support assessments (Outcomes Star) are used to understand the common areas of need that parents and carers in need of Early Help require as part of an intervention. Areas such as Emotional Wellbeing (for both parent and child), Isolation, and Child Boundaries and Behaviour are common areas of need and are some of the most usual reasons for intervention for targeted family support.</p> <p>Evidence Informed Parenting Programme datasets provide a similar picture. Parents indicate that their highest levels of need at the start of the course are focused on concern around their child’s boundaries and behaviour, and how their children manage their feelings. Our datasets show successful outcomes in these areas are achieved by the end of the course and these are closely linked to parent’s increased understanding of their child’s development and feeling more confident in their parenting by the end of the course.</p> <p>The following data provides an overview of Children’s Centre performance with regard to registration and reach:</p> <ul style="list-style-type: none"> • 85% of children aged 0-5 are registered with their closest Children’s Centre. • 49% of children aged 0-5 attended a centre at least once in the past 12 months. • 81% of all children aged 2 years and under were registered with a Children’s Centre • 59% of children aged 0-2 years and under attended a centre at least once over the past 12 months.
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Universal Engagement with Children aged 0-5 (%)

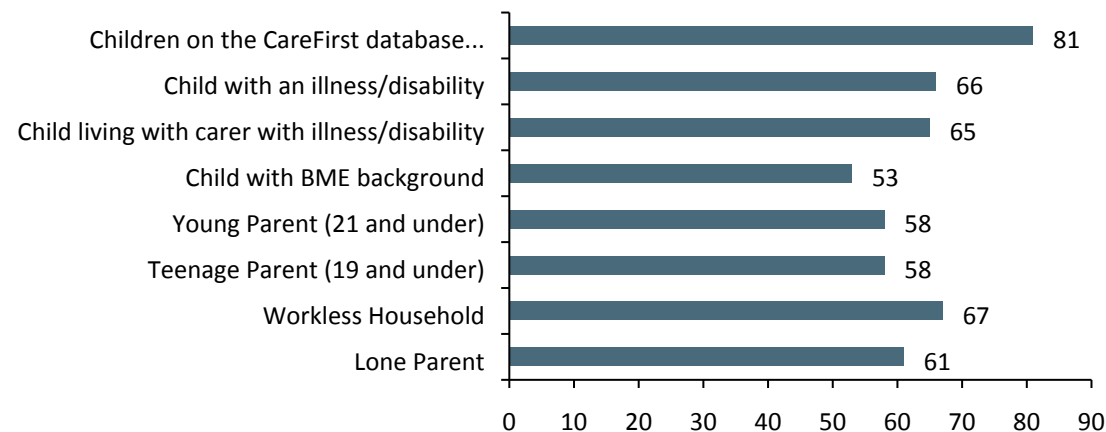


One of the most complete and up to date data sets for children aged 0-5 and their carers is based on data routinely collected across Children's Centres in Devon by the E-Start database. This enables us to understand not only about population need and service use in Devon, but also our engagement with the most vulnerable groups.

Of those registered, 24% (7914) of children aged under 5 years lived in a family shown by research¹ as putting children at a greater risk of poorer outcomes in life. These family types are shown on the following chart. Of these children, over 60% (4780) were seen by the Children's Centre during Jan – Dec 2015. Reach to these children is higher than reach to the general population.

¹ C4EO (2009) Narrowing the Gap in Outcomes for Young Children through Effective Practices in the Early Years, DfE (2013) Family Stressors and Children's Outcomes.

Percentage of Children reached living in Households with a Vulnerable Characteristic



2.1 When considering the most deprived geographical areas:

- 89% of children aged 0-5 who live in the most deprived areas are registered with a Children's Centre in Devon.
- 62% of children aged 0-5 who live in the most deprived areas (where the most resources are focused) attended a centre at least once in the past 12 months.

Other stakeholders:

Key stakeholders will include ;Devon Children and Young People Families Alliance, Devon Safeguarding Board, Public Health, New Devon CCG, South Devon CCG, NHS England , Children's Social Care and Early Help

	Service, current provider and families who use the service. .
Consultation process:	
Research and information used:	<p>Children Centre Profile (0-5s): The Children's Centre Profile draws together demographic information, performance information and population indicators for children aged 0-5. Data relating to patterns of service make good use of the information collected and stored on the E-Start Database.</p> <p>E-Start Database: The E-Start database is one of the most complete and up to date sources of data regarding children aged 0-5 and their parents/carers. The database is used to understand the diversity and demographics of the population as well as to understand patterns of service use by different groups.</p> <p>Evidence Informed Parenting Tool: A standardised approach to collecting and collating need and outcome data is in place across all Evidence Informed Parenting Programmes being run by Children's Centre. The dataset has been used in this document to identify areas of need and outcomes achieved.</p> <p>Outcomes Star: The Outcomes Star is used routinely across all Children's Centre to assess need and measure progress towards outcomes for families. The data has been used in this document to outline specific areas of need that any future service redesign needs to consider.</p>

Background Analysis

This section describes how relevant questions and issues have been explored during the options appraisal.

Section 4a - Social Impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

Where relevant, we must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief.

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to 'private and family life').
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).

- A right to life (ensuring that nothing we do results in unlawful or unnecessary/avoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

Characteristics	<p>In what way are you eliminating or reducing the potential for direct or indirect discrimination, harassment or disadvantage?</p> <p>Are there any reasonable and proportionate, unavoidable negative consequences?</p>	<p>In what way are you advancing equality (meeting needs, encouraging participation, making adjustments for disabled people, 'closing gaps').</p> <p>In what way are you fostering good relations between groups (tackling prejudice and promoting understanding), if relevant?</p>
All residents (include generic equality provisions):		<p>The aim of the service is to continue to provide advice and support to all families with young children 0-8 years.</p> <p>However the service specification will require the provider to focus targeted resources on the most vulnerable</p>

		families with children under 8 where an offer of Early Help package of service would avoid escalation into children's social care.
Age:		The service will cover all children and families 0-8 years that are resident in Devon. The service specification will require the provider to plan their specific level of engagement for teenage parents as they are seen a priority group identified by Ofsted
Disability (incl. sensory, mobility, mental health, learning disability, ill health) and carers of disabled people:		Families with children with special educational needs and disabilities are a priority group identified by Ofsted. The service specification will require the provider to fully engage with parents who may be affected by their own disability, mental health, learning disability, ill health or mobility issues and play a key role within a multi-agency approach to supporting vulnerable groups.
Culture and ethnicity: nationality/national origin, skin colour, religion and belief:		<p>The specification requires the provider to apply evidenced based practice to ensure that all families with children under 8 years receive a level of service appropriate to their needs. The provider will be required to demonstrate how they can meet the needs of families from diverse ethnic backgrounds, based on demographic information in their area and local intelligence from partner agencies.</p> <p>They will be required to implement equal opportunities policies and to actively promote an inclusive culture taking into account religious belief.</p>

Sex, gender and gender identity (including men, women, non-binary and transgender people), and pregnancy and maternity (including women's right to breastfeed).		<p>The service specification will require the provider to work with organisations within communities to support all families regardless of their sex, gender and gender identity"</p> <p>During pregnancy parents are encouraged to engage in children's centre services at the earliest opportunity through midwives and health visitors.</p>
Sexual orientation and marriage/civil partnership:		The service specification will require the provider to work with organisations within communities to support all families regardless of sexual orientation or marriage/civil partnership status.
Other socio-economic factors such as families, carers, single people/couples, low income, vulnerability, education, reading/writing skills, 'digital exclusion' and rural isolation.		<p>The evidence is clear that children living in families in the most deprived communities in Devon are at more significant risk of having poor life chances in health and, education when entering into adulthood.</p> <p>The service will target their resources to meet the needs of families with young children in the most disadvantaged communities as identified by the National Index of Multiple Deprivation (IMD)</p>
Human rights	The service will continue to work in partnership with health and education to ensure that all families with children	

considerations:	under 8 years are supported to meet their needs and build capacity of community based resources so that a universal service can continue to be delivered.
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Section 4b - Environmental impacts

An impact assessment should give due regard to the following activities in order to ensure we meet a range of environmental legal duties.

The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select from the table below and proceed to the 4c, otherwise complete the environmental analysis table):

	Devon County Council's Environmental Review Process for permitted development highway schemes.
	Planning Permission under the Town and Country Planning Act (1990).
	Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment".

	Describe any actual or potential negative consequences. (Consider how to mitigate against these).	Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).
Reduce waste, and send less waste to landfill:		No impacts identified, the number of centres is expected to stay the same.

Conserve and enhance biodiversity (the variety of living species):		No impacts identified
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:		No impacts identified
Conserve and enhance the quality and character of our built environment and public spaces:		No impacts identified
Conserve and enhance Devon's cultural and historic heritage:		No impacts identified
Minimise greenhouse gas emissions:		No impacts identified
Minimise pollution (including air, land, water, light and noise):		No impacts identified
Contribute to reducing water consumption:		No impacts identified
Ensure resilience to the future effects of climate change		No impacts identified

(warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):		
Other (please state below):		

Section 4c - Economic impacts

	Describe any actual or potential negative consequences. (Consider how to mitigate against these).	Describe any actual or potential neutral or positive outcomes. (Consider how to improve as far as possible).
Impact on knowledge and skills:		Extending the age range covered by the service may provide opportunities to broaden the knowledge, skills and experience of those working with children 0-8 years. There is no particular impact arising from the move to one contract though this may provide for economies of scale relating to workforce development.
Impact on employment levels:		No impacts identified as the number of centres and workforce establishment is expected to remain the same
Impact on local business:	One contract may preclude or limit small, local organisations from bidding. However the contractor may 'sub-contract' to smaller	

	providers.	
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Section 4d -Combined Impacts

Linkages or conflicts between social, environmental and economic impacts:	None identified
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Section 5 - 'Social Value' of planned commissioned/procured services:

How will the economic, social and environmental well-being of the relevant area be improved through what is being proposed? And how, in conducting the process of procurement, might that improvement be secured?	The change to one contract will generate the efficiencies which will be used to extend the level of service provided to more children and families (up to 8 years of age), providing better and more targeted support with the expectation of improved social and health outcomes.
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