



**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**Monday 29 April 2024**

**Report of the Executive Director - Children's Services**

**Early Help and Children's Centres in Derbyshire**  
(Cabinet Member for Children and Families)

**1. Divisions Affected**

1.1 County-wide

**2. Key Decision**

2.1 This is a key decision because it is likely to result in the Council incurring expenditure which is, or savings which are significant having regard to the budget for the service or function concerned (this is currently defined as £500,000) and it is likely to be significant in terms of its effect on communities living or working in an area comprising two or more electoral areas in the County.

**3. Purpose**

3.1 To seek approval to disestablish the current Early Help service including Children's Centres.

3.2 To note that the funding for the Early Help Development Team ends on 31<sup>st</sup> July and that this work with partner agencies will no longer continue.

3.3 To proceed with implementing a new service model for Family Help in Derbyshire, to retain 12 Children's Centre buildings, and to close 10 Children's Centre buildings.

**4. Information and Analysis**

4.1 Working Together to Safeguard Children 2023 defines early help as follows:-

*“Early help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area.*

*Some early help is provided through “universal services”, such as education and health services. They are universal services because they are available to all families, regardless of their needs. Other early help services are coordinated by a local authority and/or their partners to address specific concerns within a family and can be described as targeted early help.*

*Examples of these include parenting support, mental health support, youth services, youth offending teams and housing and employment services. Early help may be appropriate for children and families who have several needs, or whose circumstances might make them more vulnerable. It is a voluntary approach, requiring the family’s consent to receive support and services offered. These may be provided before and/or after statutory intervention.”*

4.2 The provision of early help by local authorities is subject to inspection and regulation by Ofsted under the Inspection of Local Authority Children’s Services framework (which was updated in August 2023).

4.3 The Council satisfies its early help responsibilities through the service areas outlined below by providing:

- Parenting assessments – these are needed by the courts
- Family Time – we supervise sessions with parents and their children as directed by the courts
- Family support to address the intensive needs of children and families as set out in the Safeguarding Children Partnership Threshold Document.
- Work to track and school leavers if they do not find a place at college, sixth form or a job with training

4.4 The Ofsted framework states that any focussed visit to Children’s Services may look at how the front door operates and a theme from that could be step-up from and step-down to early help.

- 4.5 In evaluating children and young people’s experiences, inspectors will test thresholds within early help – including early help assessments.
- 4.6 Ofsted’s inspection judgement of overall effectiveness of Children’s Services is cumulative and derived from a number of factors including the experience and progress of children who need early help and protection. The descriptor for the grade of outstanding includes *“The impact of leaders on social work practice with children and families’ is likely to be outstanding if... they innovate and generate creative ideas to sustain the highest-quality services, including early help services, for all children and young people”*.
- 4.7 Working Together to Safeguard Children 2023 also states:
- “Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up early help services, which can be delivered through a Family Hub model where they exist, based on a clear understanding of local needs. Local authorities should use the Joint Strategic Needs Assessment (JSNA) to inform their early help offer”*.
- 4.8 Early help and early intervention have been part of Derbyshire Children’s Services offer to families for more than 20 years.
- 4.9 In 2001, the first Sure Start local programmes were established in Derbyshire delivering targeted and universal support to children aged 0-5 and their families.
- 4.10 The success of the Sure Start local programmes lead to a rapid and significant expansion of the model which evolved into Children’s Centres – and in 2010 there were 54 Children’s Centres across Derbyshire.
- 4.11 In 2011 the Multi- Agency Teams (MATs) were established to deliver early help services to children and young people aged 0-19 and their families. The following teams were brought together under a streamlined management structure from different parts of the organisation:
- Children’s Centres
  - Family Support / school-based Family Resource Workers
  - Education Welfare Service
  - Youth Workers

- Connexions / careers guidance

4.12 Over the years, due to the need to balance Council budgets there have been a number of service reviews and redesigns which reduced the resources (including buildings) in Children's Centres and Multi-Agency Teams. The most recent of these was the Early Help Review in 2019 which saw the disestablishment of the Multi-Agency Teams and the establishment of six locality based targeted Early Help Teams.

4.13 The current Early Help Teams and Children's Centres provide support to children, young people and families with an evidenced level of intensive needs (as set out in the Derby and Derbyshire Safeguarding Children Partnership (DDSCP) Threshold Document including the following:

- Support undertaking Early Help Assessments with children, young people and families
- One to one support within the home, and direct work with children and young people
- Parenting assessments
- Family Time (supervised contact)
- Connecting children, young people and families to more sustainable and community-based support
- Lead professionals leading a Team Around the Family
- Parenting groups delivering the Solihull Parenting Approach and Non-Violent Resistance training
- Core offer of groups and activities for children 0-5 and their families focussed on child development, school readiness and parenting
- Targeted support to reduce the risks of children being exploited (CE)
- Missing Return Interviews
- Use of the Graded Care Profile (to support cases of neglect or compromised parenting)
- Street and community based detached work with young people
- Support to address conflict within families
- Support to improve family relationships
- Support to improve school attendance / engagement with education

4.14 A large number of Children's Centre buildings provide vital accommodation for the delivery of court ordered Family Time, and these buildings also provide opportunities for partners and volunteers to support children, young people and families.

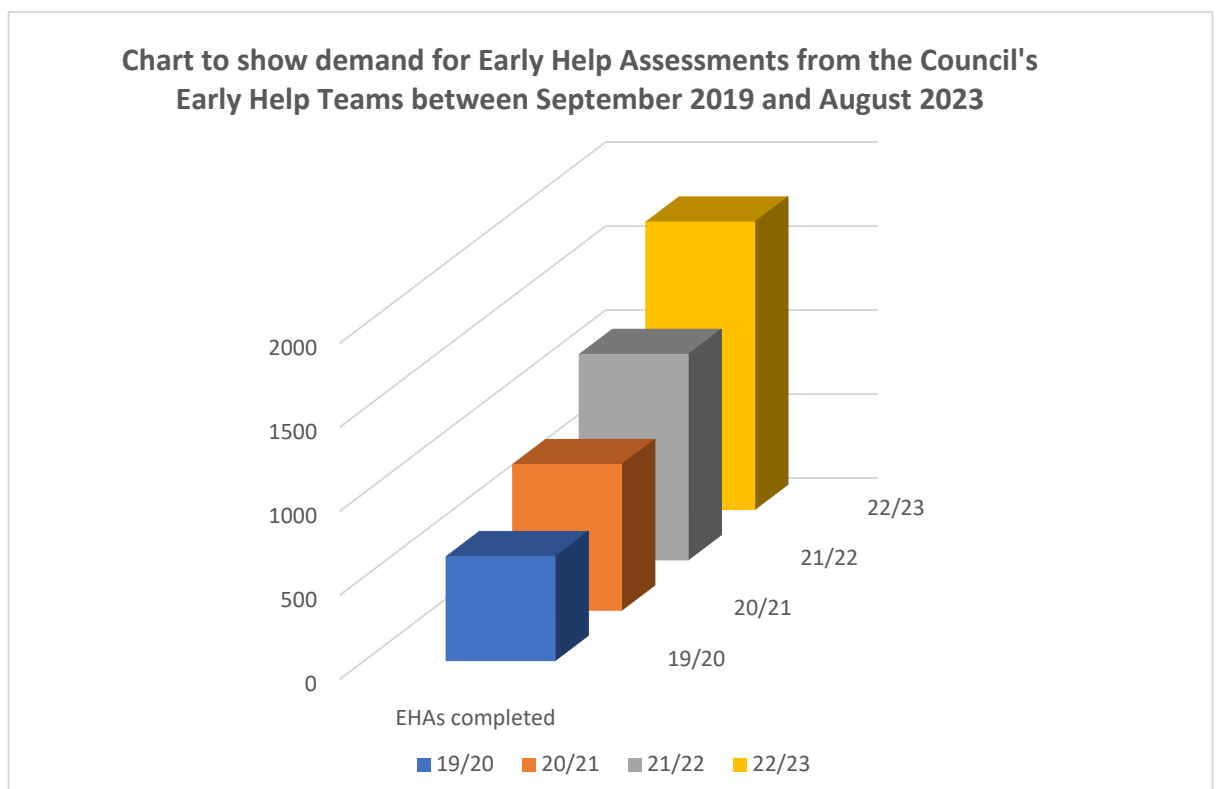
4.15 Children's Centre staff play an important role around the Keeping Babies Safe agenda and so a pre-birth framework of direct work is delivered one to one with families, or through a targeted antenatal group. The work incorporates the key areas of Keeping Babies Safe, as well as additional important considerations such as practical preparation for birth, coping with a crying baby, play and stimulation.

4.16 The work of both the Early Help Teams and Children's Centres were commended by the Ofsted inspectors during their recent inspection of Children's Services (November 2023).

4.17 As at 31 March 2024, there were:-

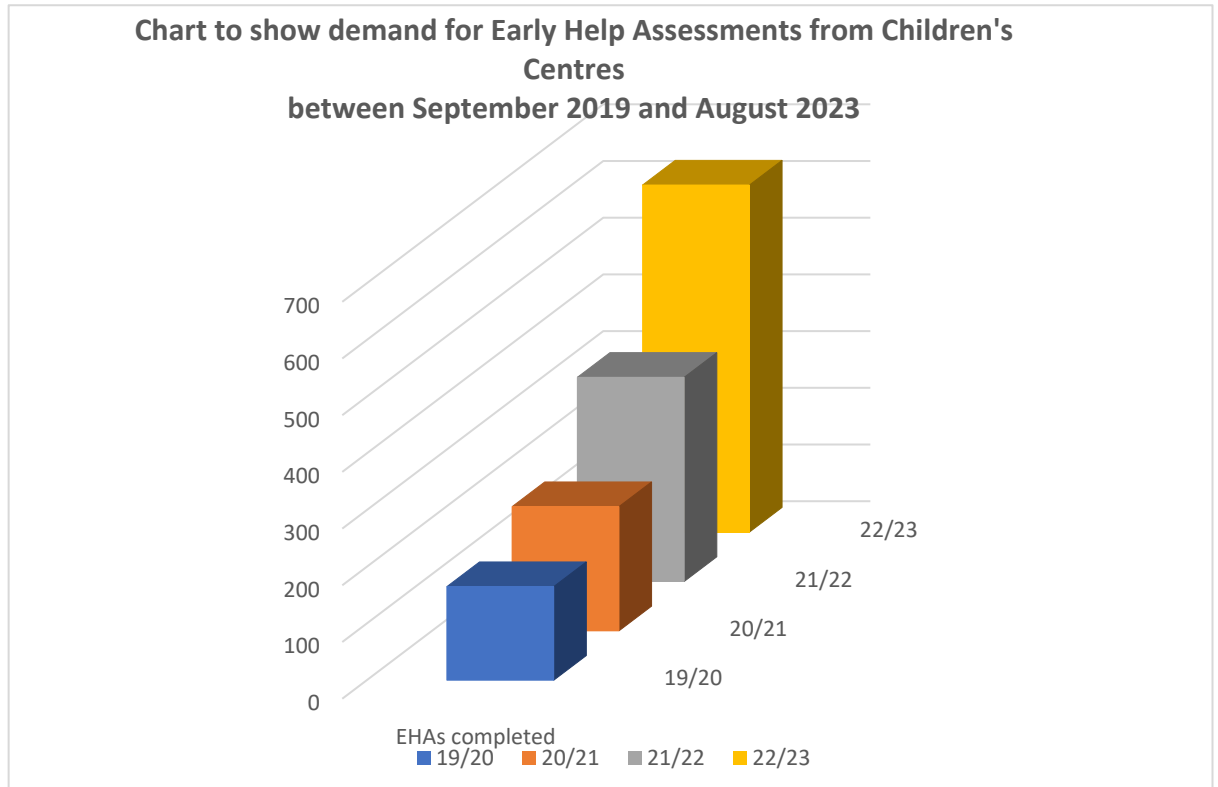
- 1163 children with an allocated worker (one to one, or group)
- 229 Early Help Assessments being undertaken
- 504 Child's Plans in review (lead by an Early Help Worker as Lead Practitioner)
- 134 Parenting Assessments being undertaken
- 544 group events delivered (since 1 January 2023)

4.18 Since their establishment in 2019, demand for support from the Council's Early Help Teams has grown year on year:



4.19 Overall, **demand for support from the Council’s locality targeted Early Help Teams has increased by 176%** since September 2019.

4.20 Since September 2019, demand for support from the Children’s Centre teams has also grown:-



4.21 Overall, **demand for support from the locality targeted Children’s Centres has increased by 272%** since September 2019.

4.22 It is likely that the rise in demand for both Early Help and Children’s Centres relates to the impact of austerity and the loss of services within the public sector and the voluntary, community and independent sector to lend support.

4.23 A report from the Association of Directors of Children’s Services (ADCS) “Childhood Matters” from February 2024 highlights a concerning trend of increasing demand for support from children’s services since 2017, with a significant rise in initial contacts and children entering care. Young people facing vulnerabilities such as exploitation and homelessness now constitute the fastest-growing cohort in the care system. Challenges persist in addressing risks outside the home, including online exploitation, underscoring the need for more proactive and responsive measures to safeguard children and young people.

- 4.24 The ADCS report suggests that in order to address these systemic challenges, there is an urgent need for a sustainable, multi-year funding settlement that prioritises early help and support services.
- 4.25 Due the significant financial challenges faced by the Council, there is a need to take some incredibly difficult decisions to ensure that any non-statutory services (in this case early help and early intervention services) can be delivered with a much-reduced funding envelope – and this will require a service re-design.
- 4.26 Childrens Services has a current budget of £6.029m which is used to fund the Services for Early Help and Children Centres. Corporate Property also hold a budget of £0.277m for the Children Centre building cost and Public Health provide £1.000m funding in order to meet the Public Health Outcomes Framework for children which also contributes to the Childrens Centre Service. In order to help meet the Childrens Services savings for 24/25 the proposal within this paper outline the changes planned. As a result of reducing the number of Children Centres their will be a saving to Corporate property of £0.083m (as this budget was previously held by Childrens Services this will contribute towards the Childrens Services savings for 24/25) It is also anticipated property could make further savings following closures to budget they already hold for Cleaning & Caretaking details of which are not part of this paper. Childrens Services will also save a further £0.051m linked to building closures, the staffing changes outlined within this paper will save a further £3.515m.
- 4.27 As set out in 4.13 above, within Early Help sits the Parenting Assessment and Family Time Team (PAFTT). This team supports statutory work in Social Care by undertaking parenting assessments with those parents where there are concerns about their ability to care for their child(ren). The team also provides court ordered Family Time (supervised contact) with families where children have been removed from parents' care. It is essential that the PAFTT model is retained in any service redesign due to the statutory nature of the work.
- 4.28 The Early Help Development Team has been in place since September 2019 . This was intended as a temporary service to support partner agencies in developing services to meet their obligations under the safeguarding agenda. The service was initially due to end in September 2022, but was extended as partner agencies wanted that support to continue. Cabinet approved further funding from the Supporting Families programme (previously Troubled Families) reserve to extend the service to 31<sup>st</sup> July 2024. The current annual cost of the team is

around £1.7m and this cannot continue to be provided from the departmental budget

- 4.29 The Early Help Advisors within the team support partners to undertake early help work, to deliver evidenced based interventions, undertake team around the family meetings and to capture the voice of the child.
- 4.30 Early Help Advisors work with schools, Health Visitors, voluntary, community and independent sector, school health, etc. to provide information and guidance on best practice in early help. The team have developed a programme of training and briefing sessions for all partners to access covering areas like how to undertake an Early Help Assessment.
- 4.31 The Early Help Advisors support partners through modelling to convene and act as lead professional in Team Around the Family meetings and offer advice on tools to use to elicit the voice of the child when undertaking direct work, support with understanding and using assessments around children at risk of exploitation, and how to assess neglect or compromised parenting with the Graded Care profile.
- 4.32 The Early Help Development Team are also in place to support the development of sustainable communities. The Youth and Community Engagement Workers support community groups with becoming constituted, accessing funding, undertaking risk assessments etc. The staff have also worked on the development of the Community Directory which partners can use to connect families to the appropriate support at the earliest opportunity without the need for them to refer on to specialist or targeted services.
- 4.33 Within the Early Help Development Team sits the Employment and Education Team. They fulfil Derbyshire's statutory duty to monitor 16-18-year-olds who are not in education, employment or training, or whose educational provision is unknown. The Employment and Education Officers work to connect young people to appropriate post-16 opportunities.
- 4.34 In the revised service model, it is essential that the resources to support the continued monitoring and support of young people aged 16-18 are retained. Under the proposed delivery model, this aspect of the service will be retained and remain part of the Early Help Service.



- 4.35 The workforce across Early Help and Children's Centres currently consists of 177.5 full time equivalent (FTE) posts. The Early Help Development Team currently consists of 44 FTE posts.
- 4.36 Early Help duties and responsibilities within the revised Working Together guidance (described in 4.6) have not changed, and the Council is able to design a service which is sufficient to meet those expectations. The proposed service redesign aims to achieve that.
- 4.37 The future Early Help service redesign necessitates a different approach to the provision of early help and early intervention to children and families in Derbyshire and within the new arrangements we need to reduce the range and number of job roles to meet the constraints of the funding envelope. This also means that there are a number of services that we either cannot continue to provide to children and families, or that would need to be reduced including:-
- Undertaking early help assessments with children, young people and families
  - One to one support within the home, and direct work with children and young people
  - Connecting children, young people, and families to more sustainable and community-based support
  - Lead professionals leading a Team Around the Family
  - Running parent groups to help them deal with challenging behaviour from their children
  - Targeted support to reduce the risks of children being exploited
  - Carrying out interviews with young people if they have returned home after being reported missing to the Police
  - Helping families where neglect is suspected
  - Street and community-based work with young people
  - Support to address conflict within families
  - Support to improve family relationships
  - Support to improve school attendance
- 4.38 The disestablishment of the job roles within the Early Help Teams and Children's Centres, along with service re-design carry with it a level of risk which can be summarised below:-
- Cessation of the current early help services to support children, young people and families would result in a detrimental knock-on effect to the most vulnerable children and young people. The number one presenting issue present in the cases referred into early help is mental health and those young people needing help would need to access support from other agencies – and there is

uncertainty over whether there is capacity amongst partner agencies to provide this.

- This proposal is politically unattractive and unpopular with Elected Members
- There is significant opposition from partner agencies and stakeholders (predominantly schools)
- Redundancy costs which would need to be funded from any savings.
- Pension shortfalls which would need to be funded from any savings.
- The proposals potentially serve as a false economy as there will be increased demand on Starting Point (front door) for screening and triaging safeguarding referrals, increased demand for frontline Social Care support as children's and families' needs become more acute, and an increase in the number of children and families being looked after by the Council.
- There is potential for delayed parenting assessments – the current Early Help staff are currently able to reprioritise work to offer additional capacity when demand is high.
- There is potential for reduced support for Family Time – the current Early Help staff are currently able reprioritise work to offer additional capacity when demand is high.
- There are likely to be significant and increased pressures on partner agencies to provide a greater level of early help and early intervention in the absence of support from the locality targeted Early Help Teams.
- There is potential for a detrimental impact on future Ofsted judgements.
- The loss of the family support element of the locality Early Help teams will adversely impact on the Supporting Families Payment by Results programme – the case work of frontline workers in Early Help is used towards the claims target. This would mean the income the department receives from the Department of Levelling Up Communities and Housing would be reduced – funding that is currently used to support early help work within the partnership, and in future will be used to fund the Stronger Families Team (in place to support reductions in the number of children within the care system).

4.39 Furthermore, the National Children's Bureau report "Supporting and strengthening families through the provision of early help" June 2021 states that:

*Emerging evidence shows that increased spending on preventative services (including family support and early help) has a positive impact on:*

- *Ofsted judgements*
- *Numbers of Children in Need; and*
- *Rates of 16–17-year-olds starting periods in care*

4.40 Considering reducing funding for early help services is a significant decision with far-reaching risks and implications. Actual data in the field of early help is always difficult to achieve because of an inability to measure the impact of prevention and the vital roles these services play in identifying and assisting vulnerable children and families.

4.41 Any service reductions could result in delays in providing necessary support, adding strain to already stretched services both within the Council (frontline Social Care Teams) and also in partner agencies (schools, CAMHS, Health Visitors, Midwifery, etc).

4.42 Additionally, research indicates that reductions in early help services may worsen outcomes for children and young people, affecting their well-being and future prospects. It's essential to reflect that reductions in resources now could lead to increased costs down the line, particularly in statutory services as families' needs become more complex and risk management harder to achieve.

4.43 Significant work has gone into the proposed service re-design below and it has altered significantly from the initial iteration taking into account the concerns raised within the public consultation and also the feedback from the partner engagement (more details of this can be found from section 5). The proposed service re-design enables the Council to fulfil its early help obligations as set out below:

- Establishment of 4 Family Help teams to cover the 6 localities.
- Retention of 12 Children's Centre buildings.

4.44 12 Children's centres have been identified to be retained. These are the larger centres that are used to deliver more community based services and also to provide safe venues for court ordered family time. The spread of the buildings ensures a Derbyshire wide service:

- Heanor
- Glossop
- Buxton (Fairfield)
- Brimington

- Birdholme
- North Wingfield (Alice's View)
- Shirebrook
- Creswell
- Eckington
- Ilkeston (Cotmanhay)
- Long Eaton
- Woodville

4.45 10 Children's Centres which are either not as well used, are smaller, or are close to other larger, more well used Centres are proposed to close and in order to enable the further use of these building spaces for children and families, discussions will be had with partner agencies about a transfer:

- Alfreton
- Ironville
- Langley Mill
- Bolsover
- Holme Hall
- Old Whittington
- Hadfield
- Gamesley
- Matlock
- Charnos (Ilkeston)

4.46 Department for Education (DfE) Sure Start Capital funding rules mean that local authorities may have to pay an element of clawback where a Children's Centre building is closed in advance of the expected 25-year lifespan.

4.47 All of the buildings under 4.45 could potentially be subject to clawback if they are closed as part of the proposals to reduce funding. The estimated costs are set out below:

<b>Name of Centre</b>	<b>Clawback estimate £</b>
Alfreton	85,328
Langley Mill Bailey Brook	68,487
Ironville	5,208
Bolsover	31,503
Holme Hall	57,312
Old Whittington	291,124

Gamesley	64,722
Hadfield	106,593
Matlock	117,235
Charnos Family Support Centre	0
<b>Total</b>	<b>827,512</b>

- 4.48 However, recent discussions with DfE on the proposals to close the buildings in 4.45 suggest that clawback may be avoided if there is evidence that the building can continue to deliver services for young children. Where this isn't the case, it may be possible to transfer the remaining financial liability to another building close by that continues to provide services for young children. This will significantly reduce the potential for large sums of money having to be repaid to DfE.
- 4.49 A decision would need to be made about the future of each of the buildings. All the ten children's centre buildings listed above for closure are held freehold and, in some cases, they are on school or academy sites and are sub-leased/licenced back in from the academy trusts. In some cases, the school or academy trust may wish to take over the accommodation. Indeed, the headteachers of Alfreton Nursery School and Hadfield Infant and Nursery School have already indicated they are keen to progress discussions to take over the space. Savings on property running costs will only be achieved once the buildings are sold or handed over to a school/academy.
- 4.50 Public Health have committed the £1.000m of funding to 31 March 2025 to support services for children aged 0-5 and their families, and there are very strong indications that, following a report to Cabinet on 29 April 2024 seeking approval for this, they will also be able to confirm funding to the end of March 2027 (3-year commitment).
- 4.51 To cover the period to 31 March 2025 and beyond, we would look to establish a specific team of 0-5 Practitioners (managed by a Senior 0-5 Practitioner) who would lead the continued delivery a core offer of early years intervention programmes and activities around child development, school readiness and parenting. The workers would also have a focus on Keeping Babies Safe work ensuring that babies remain safe from abuse, neglect, and harm. There would also be opportunities for the workers to undertake joint work with Social Care supporting families with group or 1:1 work on:-
- Safe sleep
  - Attachment
  - Safe Handling and Dressing

- Bathing
- Feeding
- Coping with crying/soothing baby
- Safe Space
- Play and stimulation

4.52 The funding from Public Health would fund the following posts:-

- 2 Grade 11 Senior Practitioners (0-5)
- 20 Grade 8 Practitioners (0-5)

4.53 The interventions provided by the workers above would support improvements in the Public Health Outcomes Framework and the Key Performance Indicator (KPI) expectations to meet the funding requirements for the £1m investment.

4.54 All of the above represents 103 FTE posts across Family Help and Children's Centres and is 118.5 FTE fewer posts than in the current Early Help, Children's Centre and Early Help Development teams.

## **5. Consultation**

3.1 A series of three roadshows for staff have been delivered where reasons behind the proposals were shared. Staff were given an opportunity to ask questions during a Q&A session – though many questions related to their individual circumstances which could not be answered at this stage.

3.2 Questions have been collated from the sessions (including those that staff weren't able to ask on the day) and these will be circulated with responses on the staff SharePoint site.

3.3 Additionally, two roadshows for partner agencies were delivered where reasons behind the proposals were shared, and partners were asked to work collectively to look at how the partnership can work collectively to mitigate against the reductions in funding.

3.4 It is important to note that the feedback from partners expressed significant concern for the impact in the reduction of Council early help services for vulnerable families and for increased demand within universal services which are already experiencing significant challenge and strain.

3.5 Formal consultation and engagement with staff will commence when the Cabinet papers go on circulation.

- 3.6 A 6-week period of consultation with all stakeholders was undertaken between 12 February and 24 March 2024 and included the following:-
- Residents of Derbyshire
  - Current and previous users of Early Help and Children's Centre services, including children and young people
  - All staff within Early Help and Children's Centres
  - Trade unions
  - Local Elected Members
  - Members of Parliament
  - Partners including schools, colleges, Public Health Nursing, GPs, Derbyshire Police, Community Safety, post-16 training providers, Midwifery, Derby City and Derbyshire Safeguarding Children Partnership, Social Care, Schools & Learning, Thriving Communities, Youth Justice, CAMHS, and Public Health.
- 3.7 As set out above, concerns raised and feedback from the public consultation, partner engagement and staff roadshows has been used to evolve the initial proposal for the service re-design building in additional roles to provide additional support and services.
- 3.8 The consultation in the form of an online questionnaire, was promoted through a public awareness campaign.
- 3.9 At the end of the consultation period, there were 2,027 responses. This is the single biggest response to a consultation in Children's Services, and one of the biggest responses to a consultation undertaken by the County Council.
- 3.10 A full breakdown and analysis of the consultation responses can be found in Appendix 2, however, the following points summarise the feedback.
- 3.11 For question 1 (To what extent do you agree or disagree with the proposal to keep Children's Centres in these areas?), accumulatively 83% of respondents agree or strongly agree with the proposal to keep Children's Centres in the 12 areas listed within the consultation. 11% of respondents disagree or strongly disagree with this proposal.
- 3.12 For question 2 (in your opinion, what are the top 3 most important services offered by early help and children's centres?), all respondents list the top 3 most important services as:
- Undertaking early help assessments

- Direct work with children and young people
- Helping families where neglect is suspected

3.13 A more in-depth analysis of the data shows that for users of the service and members of the public, the top 3 most important services are:-

- Undertaking early help assessments
- Direct work with children and young people
- Running sessions for parents of children aged 0-5

3.14 For question 3 (in your opinion, what are the top 3 least important services offered by early help and children's centres?) analysis shows the respondents list the top 3 least important services as:

- Support to improve school attendance
- Carrying out interviews with young people after they have been reported as missing
- Support preparing families for the birth of a child

3.15 For question 4 (to what extent do you agree or disagree with the proposal for the council to only provide those services that we are legally required to, and to also provide direct and practical help for families in Derbyshire?) analysis shows that accumulatively 70% of respondents disagree or strongly disagree with the proposal to only provide those services that we are legally required to provide. This increases to 74% when looking at responses from users of the service or members of the public.

3.16 However, it is also important to say that 16% of respondents agree or strongly agree with the proposal. When looking at users of the service or members of the public this rises to 18%.

3.17 For question 5 (to what extent do you agree or disagree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?) analysis shows that accumulatively 84% of respondents agree that stopping some of the services could impact the well-being and support available to children and families. 14% of all respondents disagree or strongly disagree that this would be the case – and when looking at users of the service or members of the public, this is 13%.

3.18 An analysis of all of the comments received has been undertaken to identify any themes arising from the feedback. Fifteen themes were identified and the top five with the most responses were:-



- **Impact on Vulnerable Children and Families:** Concerns about the disproportionate effect of reducing or eliminating early help services on vulnerable children and families, potentially leading to increased risks of neglect, harm, and family breakdowns. (Overall 44.8% of respondents cited this with percentages for individual varying from 35.9% from member of the public/service users to 51.4% for professionals).
- **Disagreement with Proposed savings:** Overall disagreement with the proposed savings to early help services, expressing shock, dismay, and anger at the potential impact on vulnerable families and children. (Overall 39.4% of all respondents cited this with this percentage varying from 42.4% of members of the public/service users to 38.2% of professionals).
- **Importance of Early Help Services:** Emphasizes the vital role of early help services in supporting families and children, preventing crises, and promoting positive outcomes. (Overall 37.4% of all respondents cited this with the percentage varying from 28.6% from people from the 'other' grouping to 37.9% for professionals).
- **Pressure on Social Care and Other Services:** Worries about the increased pressure that funding reductions to early help services would place on social care teams, schools, health services, and other agencies, given already overstretched resources. (Overall, 27.1% of respondents raised this issue with percentages varying from 17.8% for Members of the public/service users to 34.6% for professionals).
- **Long-Term Consequences and Cost:** Belief that investing in early intervention and prevention saves money in the long run by reducing the need for more intensive interventions later. (Overall, 22.5% of respondents raised this as an issue with percentages varying from 20.1% for Members of the public/service users to 25.7% for professionals).

3.19 The future model of delivery for Family Help and Children's Centres has changed significantly following the public consultation and following feedback from partner agencies and stakeholders.

3.20 The model now includes provision for the delivery of parenting programmes for families of children aged 0-5 from the Children's Centres, provision for the delivery of parenting interventions for families of children aged 6+ from the wider Family Help teams, and the retention of support for partner agencies.

- 3.21 As part of the public consultation exercise, correspondence was received from a number of stakeholders setting out their concerns to the proposals. Full details can be found in Appendix 3.
- 5.12 Mark Fletcher, Member of Parliament for Bolsover stated “... *I have immense concerns about the impact that an alteration to the services being delivered would have on children, families and alternative providers within Bolsover.*”
- 5.13 Child and Adolescent Mental Health Services from Chesterfield Royal Hospital stated “...*Without early help service provision there is a likelihood of missed or delayed referrals to the core CAMHS service as early help often provides support and guidance to young people and their families.*”
- 5.14 Public Health within Derbyshire County Council stated within their response “... *Identified risks include:*
- *children and young people’s needs will not be addressed until they become acute which will have a significant impact on long term outcomes*
  - *upward trend of numbers of children requiring statutory intervention will continue due to lack of capacity in the system to address issues as they occur*
  - *fragmentation of partner relations due to greater burden being placed with no resource to support*
- 5.15 Derbyshire Community Health Services (DCHS) stated in their response “... *There is the potential for children and families to present at the point of crisis, leading to more safeguarding and child protection concerns. Including an increase in advice calls to the Safeguarding Service and an increase in the escalation of cases*”.
- 5.16 Joined Up Care Derbyshire stated the following within their response “...*There is already an increase in children and young people presenting with more complex needs so to address this there needs to be a focus on providing help and support at the earliest opportunity. So, reducing the early help offer will increase the demand for more expensive, specialist service provision and the result of this will be that there will be an increase in spending rather than a reduction*”.
- 5.17 An Equalities Impact Assessment (EIA) has also been undertaken assessing the impact of the service reduction and re-design on protected groups and can be found at Appendix 4.

- 5.18 The proposals to reduce funding in Early Help and Children’s Centres, along with the revised service model were presented to Improvement and Scrutiny – People Committee on 11 April 2024.
- 5.19 The Committee was asked to provide feedback to Cabinet on the proposed review and Members raised a specific area of concern having thoroughly examined the proposals presented by officers, at the meeting, they remained concerned with the increased level of risk to children and families. It was encouraged that officers continued to work with Children’s Services to mitigate risk.

## **6 Alternative Options Considered**

- 6.1 The financial position faced by the Council means few alternative options can be considered.
- 6.2 Option 1 would be for the Council to continue funding the Early Help Service and the Children’s Centres at the same level as currently. This would result in budget savings (equal to £3.90m) not being achieved.
- 6.3 Option 2 would be for the Council to consider ceasing all Early Help activity other than parenting assessments, the delivery of court ordered Family Time, and for the monitoring of young people aged 16-18 who are NEET / have an unknown destination – which are either akin to or are specific statutory services. This would result in closure of the children’s centres and ceasing of all support for vulnerable families meeting the threshold for intensive level of need. In addition, the Council’s duties to meeting Public Health outcomes in respect of children would be severely curtailed.

## **7 Implications**

- 7.1 Appendix 1 sets out the relevant implications considered in the preparation of the report.

## **8 Background Papers**

- 8.1 Working Together to Safeguard Children 2023



Working Together  
2023.pdf

## 8.2 Derby City and Derbyshire Safeguarding Children Partnership Threshold Document



Threshold 2022.pdf

## 8.3 Cabinet report of 1 February



Public consultation -  
Early Help and Childre

## 9 Appendices

### 9.1 Appendix 1 – Implications

### 9.2 Appendix 2 – Analysis of data for the Early Help and Children’s Centres consultation

### 9.3 Appendix 3 - Specific feedback received in response to the public consultation and partner engagement on the proposals to reduce funding in Early Help and Children’s Centres.

### 9.4 Appendix 4 – Equalities Impact Assessment

## 10 Recommendation

That Cabinet:

- a) Approves the disestablishment of the Council’s existing Early Help teams and Children’s Centres
- b) Is satisfied that further funding for the Early Help Development Service should not be provided.
- c) Approves the implementation of a new service model for Family Help in Derbyshire, the retention of 12 Children’s Centre buildings, and the closure of 10 Children’s Centre buildings.

## 11 Reasons for Recommendation

### 11.1 To ensure the Council is able to make savings which help support the setting of a balanced budget.

## 12 Is it necessary to waive the call-in period?

12.1 No

Report Author: Chris Caley

Contact details: [Chris.Caley@derbyshire.gov.uk](mailto:Chris.Caley@derbyshire.gov.uk)

### Implications

#### Financial

- 1.1 Early Help and Children Centres services currently cost £7.306m per annum, funded:
- Childrens Services budget of £6.029m
  - Public Health funding £1.000m
  - Corporate Property budget £0.277m

The staffing changes outlined within this paper would reduce the cost of the service by £3.249m per annum. The revised staff structure has been costed based on staffing pay scales and include appropriate on costs with all rates correct as at March 24. There may be redundancy costs as a result of the reduction in posts and these would be met from Children's Services budget, reducing savings achieved in the first year. This has been reflected in the profiling of the Children's Services 2024-25 savings allocations.

Reducing the number of Children Centres, if the vacated buildings are disposed of, will lead to savings on property running costs. Childrens Services would save £0.051m linked to building closures and Corporate Property budgets would benefit £0.083m from reduced running costs, with potentially further savings on cleaning and caretaking costs.

Supporting Families grant income will be used to fund service costs of £0.517m per annum.

In total the proposal is expected to result in budget savings of £3.900m per annum, contributing to achieving council savings targets.

#### Legal

- 2.1 S10 of the Children Act 2004 determines that the Council is obliged to make arrangements to promote co-operation between the local authority and its relevant partners as well as any other persons who exercise functions relating to children in the local area, with a view to improving the well-being of local children. The functions must be discharged having regard to the need to safeguard and protect their welfare (S11 of the Children Act 2004). Under this Act, the duty is a general one, relevant to all children of all ages. Under the Childcare Act 2006 there is a specific duty to "young children", which is defined as those aged between 0-5.

- 2.2 S1 of The Childcare Act 2006 imposes a general duty to “improve the well-being of young children in their area and reduce inequalities between young children in their area”.
- 2.3 The Childcare Act 2006 S3 sets out that the Council must make arrangements to secure services which “facilitate access to those services and maximise the benefit of those services to parents, prospective parents and young children”.
- 2.4 The Council must have regard to the relevant statutory guidance namely the "Working Together to Safeguard Children" guidance updated most recently in December 2023 as referred to earlier on in this report.
- 2.5 The legislation sets out the clear duties upon the Council however, it allows discretion regarding the services to be put in place to meet those requirements.
- 2.6 Under S5A of the Childcare Act 2006 the Council must, so far as is reasonably practicable, include arrangements for sufficient provision of children’s centres to meet local need. This is known as the “sufficiency duty”. The Council must consider and assess three points; the need for children’s centres in the area, what provision would be enough to meet that need and what number of children’s centres it would be reasonably practicable to provide, taking into consideration relevant issues such as affordability and other practical considerations for example, buildings, location and accessibility. The Council must take into account the views of local families and communities in deciding what is sufficient provision.
- 2.7 The Council must have regard to the "*Sure Start children's centres statutory guidance 2013*" when carrying out its duties under the 2006 Act. The Guidance adds further information about the sufficiency duty. The Council should ensure that there is a network of centres accessible to all families with young children in their area; that children's centres and their services are within reasonable reach, taking into account distance and availability of transport; consider how best to ensure that the families can access them; target children's centres services at young children and families in the area who are at risk of poor outcomes through, for example, effective outreach services, based on the analysis of local need and not close an existing children's centre site in any reorganisation unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient children's centres to meet local need. The starting point should be a presumption against the closure of children's centres.

- 2.8 Under S5D of the Childcare Act 2006 the Council must carry out “such consultation as appropriate “before any significant change is made to services provided by a children’s centre or before any step is taken that would mean a children’s centre would cease to be a children’s centre”.
- 2.9 The Sure Start children's centres statutory guidance 2013 sets out that the Council should consult with “everyone who could be affected by the proposed changes, for example, local families, those who use the centres, children's centre staff, advisory board members and service providers. Particular attention should be given to ensuring disadvantaged families and minority groups participate in consultations”. The consultation should set out how it will continue to meet the needs of families with children under 5. The guidance also states that it should be clear how respondents can make their view known and be given adequate time to respond. The decisions following any such consultation should be announced publicly.
- 2.10 The length of the consultation is not prescribed in statute however Case law has set out that: -
- a) Consultation must be at a time when proposals are at a formative stage.
  - b) Sufficient information is available to enable a person to “give an intelligent consideration and response”.
  - c) there must be “adequate time to respond” and;
  - d) The results of the consultation must be taken into consideration when finalising any proposal and provided to the decision maker to inform their decision.
- 2.11 Guidance suggests ideally an 8-week consultation process and case law is available determining 10 weeks to be fair. Previously in 2018, the Council completed a 6-week consultation for the review of the Early Help Service. Any challenge to the length of consultation would be by way of judicial review.
- 2.12 From time to time, the Council will commence the Public Law Outline process (PLO) or initiate Court proceedings under S31 of The Children Act 1989 to safeguard children. Other applications under the Adoption and Children Act 2002 may also be initiated. The Council is required to comply with any Court directed parenting assessment, whether that be sourced in house or externally. For those children subject to Care Orders, the Council is duty bound to promote family time if it is deemed to be in the best interests of a child. Whilst there is a degree of discretion in how those duties are met, it is likely to be more beneficial to continue to provide those services in house. This is based on the demand for assessments, cost and the ability to retain overall control.



- 2.13 Early Help assessments can be conducted by partner agencies where it is believed that a child may have unmet need. In those circumstances, that agency ought to identify a lead professional to progress the matter. It is not a requirement that this is a professional within the Council. The Council will, however, need to continue to meet its statutory obligations to assess a child meeting the criteria under S17 or S47 of The Children Act 1989.
- 2.14 Under S149(1) of the Equality Act 2010 there is a positive obligation upon the Council to have “due regard to” the need to advance equal opportunities to people who have protected characteristics. Age, pregnancy and maternity are all protected characteristics. Under S149(3) it means having “due regard to the need to: -
- i) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
  - ii) 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; and
  - iii) 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”.
- 2.15 An Equality Impact Assessment is likely evidence that the duty under the Equality Act has been discharged. Decision makers should give serious consideration to the assessment prepared and annexed to this report.
- 2.16 Pursuant to section 139 of the Employment Rights Act 1996 an employee who is dismissed shall be taken to be dismissed by reason of redundancy if the dismissal is wholly or mainly attributable to the fact that the requirements of that business for employees to carry out work of a particular kind have ceased or diminished or are expected to cease or diminish. The proposal outlined in this report will result in the deletion of posts creating a redundancy situation for the affected employees. The Council must undertake any such steps required pursuant to its Redundancy Policy to ensure that legislative requirements are met, and a fair procedure followed.
- 2.17 If the potential number of dismissals are more than 20 within a period of 90 days or less, there is a legal requirement under s188 of the Trade Union and Labour Relations (Consolidation) Act 1992 to consult with recognised trade unions.

## Human Resources

- 3.1.1 All of the above represents 103 FTE posts across Family Help and Children's Centres and is 118.5 FTE fewer posts than in the current Early Help, Children's Centre and Early Help Development teams.
- 3.2 Any resultant staffing changes will be approved by the Executive Director for Children's Services in conjunction with the Director of People and Organisational Change, Director of Finance & ICT and Director of Legal & Democratic Services. The Council will meet its legal obligation to reduce the number of compulsory redundancies and consider appropriate alternative employment in accordance with statutory requirements. Engagement has taken place with those employees affected and the joint trade unions and formal consultation will be undertaken on the proposals with both these stakeholder groups. This formal consultation will be undertaken in accordance with section 188 of the Trade Union and Labour Relations (Consolidation) Act 1992 and will be covered by the Council's corporate notification to the Secretary of State of potential redundancies under Section 193 of the Act. Formal employee consultation, both group and individual, will be carried out and in order to facilitate this process.
- 3.3 The new roles have been evaluated with the support of the council's Pay and Reward team in line with the Korn Ferry HAY Scheme.
- 3.4 As the employees' roles have been removed from the Council's structure and no longer exist. Any termination of employment will amount to a dismissal by reason of redundancy.
- 3.5 Before dismissing by reason of redundancy, the Council will consider alternatives to dismissal, including identifying any suitable alternative employment.
- 3.6 An indicative timeline for consultation is shown below:

<b>Activity</b>	<b>Date</b>
Informal engagement with employees and TUs	26 February 2024
WGG (Human Resources, Legal and Finance) advice assurance received	17 April 2024
ED approval and sign off	w/c 15 April 2024
Commence formal collective consultation (minimum of 30 calendar days)	25 April 2024
Completion of formal consultation	8 June 2024

<b>Activity</b>	<b>Date</b>
Confirm final proposals following consideration of consultation feedback	w/c 3 June 2024
Selection processes	June 2024
Notice issued	w/c 15 July 2024
New structure implemented	1 July 2024
Date of dismissal	4 October 2024

## **Information Technology**

4.1 No service implications identified.

## **Equalities Impact**

- 5.1 An Equalities Impact Assessment has been undertaken, and can be found at appendix 4, on the impact the proposals would have on the protected characteristic groups.
- 5.2 Overall, the proposals would have a negative impact on the protected characteristics of age, disability, pregnancy & maternity, race & ethnicity, sex or gender, sexual orientation, Human Rights, DCC employees, community and voluntary sector organisations working with protected characteristic groups, and socio-economic / financial inclusion, deprived communities / thriving communities.
- 5.3 The proposed service re-design has taken into account the analysis within the EIA, the concerns raised by from the public consultation, and feedback from the staff roadshows and partner engagement sessions, and a number of revisions have been made allowing for more roles to support children, young people and families.

## **Corporate objectives and priorities for change**

- 6.1 These will meet corporate objectives by contributing to the £3.9m saving. By reducing the workforce, this will contribute to the council's 'Journey to Net Zero Derbyshire' as there will be fewer children and families receiving support from the Council meaning fewer staff required. This will support reductions in CO2 emissions, reduction of: Travel, IT equipment and desks required in buildings.

## **Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

- 7.1 The property and asset management considerations are detailed in the body of the report.
- 7.2 Further detailed work will be required to establish exit strategies for each of the ten children's centres listed for closure and to undertake the due diligence required before any transfer agreements can be completed.

## Appendix 2

### Analysis of Data for the Early Help and Children's Centre Consultation

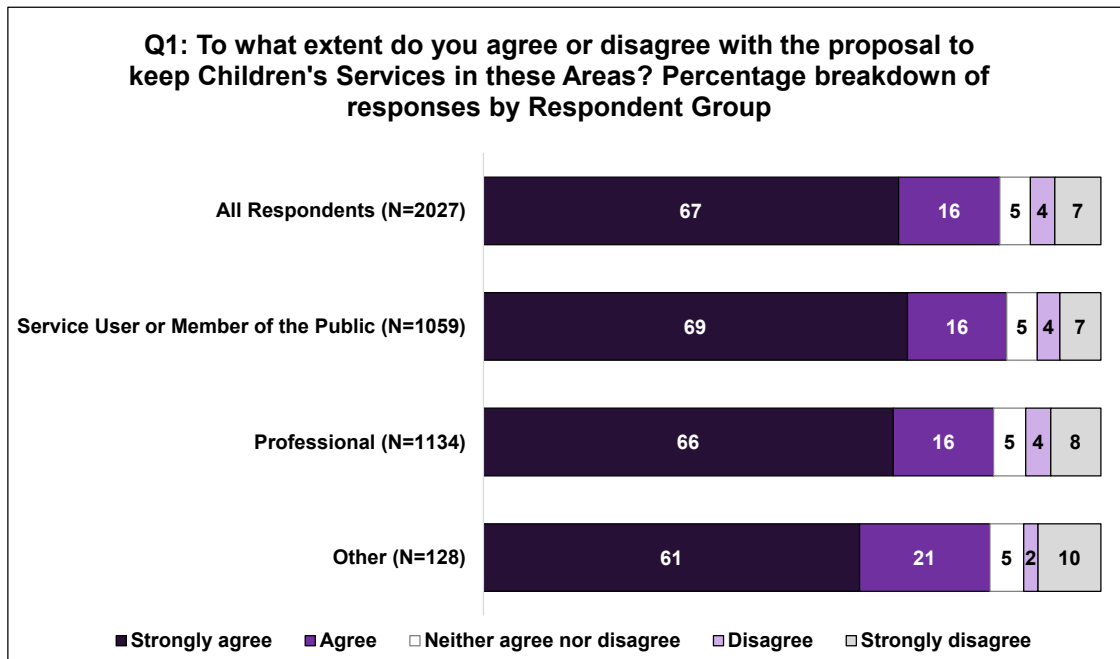
#### A. Introduction

The early help and children's centre consultation took place between 12<sup>th</sup> February 2024 and 24<sup>th</sup> March 2024. 2027 completed the consultation.

#### B. Analysis of questions 1 to 5 and question 7 by Broad Respondent Groups

Questions 1 to 5 alongside question 7, asked respondents substantive questions about how people feel about the proposed changes to the Early Help Services and Children's Centres, This section analyses responses to those questions split by whether a person described themselves in question 6 as a member of the public or service user; a professional working for the council or other organisations supporting children as part of their role; or in a broad group called 'other' which didn't fit into the previous two groups

#### Q1: To what extent do you agree or disagree with the proposal to keep Children's Centres in these Areas?



- For answers to question 1, there is a consistent trend for people to say they agree or strongly agree with the proposal to keep children's Centres in the areas listed on the questionnaire.
- The combined proportion of people saying they agree or strongly agree is slightly lower for people in the 'Other' group and for the broad professional group at about 82% compared to about 85% for service users/members of the public.

**Q2: In your opinion, what are the top 3 most important services offered by early help and children’s centres? Data split by whether a respondent was a service user/member of the public, a professional or could be described as other.**

- For the following services at least 20% of respondents in all respondent groups chose these services:
  - Undertaking early help assessments with children, young people and families;
  - Direct work with children and young people;
  - Helping families where neglect is suspected;
  - One to one support within the home;
  - Running parent groups to help them deal with challenging behaviour from their children;
  - Running sessions for parents of children aged 0-5 on child development, school readiness and parenting;
  - Helping families where neglect is suspected.
  
- For all groups except service users or members of the public, the top three most important services are:
  - Undertaking early help assessments with children, young people and families;
  - Direct work with children and young people;
  - Helping families where neglect is suspected.
  
- For service users or member of the public, the third priority was ‘Running sessions for parents of children aged 0-5 on child development, school readiness and parenting rather than ‘Helping families where neglect is suspected’.

**Q2: In your opinion, what are the top 3 most important services offered by early help and children’s centres?**

Answer	All Respondents	Respondent Group		
		Service User or Member of Public	Professional	Other
No reply	0.1%	0.2%	0.0%	0.0%
Undertaking early help assessments with children, young people and families	51.9%	50.2%	53.4%	50.8%
One to one support within the home	20.8%	18.5%	23.0%	15.6%

Direct work with children and young people	35.5%	35.2%	36.2%	35.2%
Parenting assessments, which are often needed by the courts	15.1%	12.5%	16.7%	18.0%
Family time (supervised contact for parents with their children)	16.6%	17.1%	17.6%	15.6%
Connecting children, young people, and families to more sustainable & community-based support	14.9%	17.4%	14.6%	14.1%
Lead professionals leading a Team Around the Family	13.4%	8.8%	17.3%	10.2%
Running parent groups to help them deal with challenging behaviour from their children	24.6%	24.0%	24.2%	23.4%
Targeted support to reduce the risks of children being exploited	16.4%	18.7%	12.9%	17.2%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	1.8%	2.0%	1.8%	0.0%

Helping families where neglect is suspected	31.4%	30.3%	32.7%	38.3%
Street and community-based work with young people	5.5%	6.1%	4.5%	10.9%
Support to address conflict within families	5.2%	4.5%	5.5%	5.5%
Support to improve family relationships	6.5%	5.9%	6.5%	6.3%
Support to improve school attendance	3.6%	2.9%	3.5%	6.3%
Support preparing families for the birth of a child	6.9%	9.5%	4.9%	3.1%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	28.6%	34.0%	24.8%	27.3%
<b>Total</b>	<b>2027</b>	<b>1059</b>	<b>1134</b>	<b>128</b>

Note, some respondents said they were professional and members of the public or service users so that if you total up all the individual groupings they will exceed 2027 responses.

**Q3: In your opinion, what are the top 3 least important services offered by early help and children's centres? Data split by whether a respondent was a service user/member of the public, a professional or could be described as other.**

- For the following services at least 20% of respondents in all respondent groups chose these services:
  - Lead professionals leading a Team Around the Family;
  - Carrying out interviews with young people if they have returned home after being reported missing to the Police;
  - Street and community-based work with young people;
  - Support to improve school attendance;



- Support preparing families for the birth of a child.
- For all groups, the top three services selected as least important were:
  - Carrying out interviews with young people if they have returned home after being reported missing to the Police (between 32.4% and 35.5% of respondents);
  - Support to improve school attendance (between 37.5% and 41.1% of respondents);
  - Support preparing families for the birth of a child (between 29.7% and 32.2% of respondents).

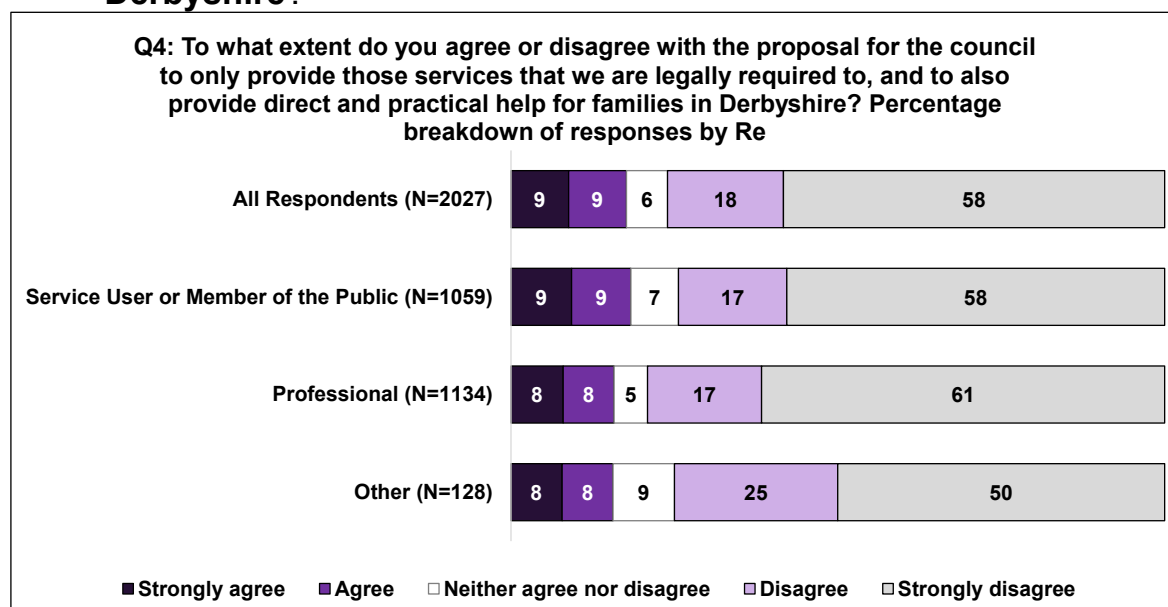
**Q3: In your opinion, what are the top 3 least important services offered by early help and children's centres? Data split by whether a respondent was a service user/member of the public, a professional or could be described as other.**

Answer	Total	Respondent Group		
		Service User or Member of Public	Professional	Other
No reply	0.2%	0.5%	0.2%	1.6%
Undertaking early help assessments with children, young people and families	6.4%	6.5%	5.4%	9.4%
One to one support within the home	11.0%	11.1%	10.9%	8.6%
Direct work with children and young people	5.6%	4.7%	5.6%	8.6%
Parenting assessments, which are often needed by the courts	11.4%	12.4%	10.8%	14.1%
Family time (supervised contact for parents with their children)	11.5%	11.8%	11.8%	10.2%
Connecting children, young people, and families to more sustainable and community-based support	18.7%	17.3%	19.4%	15.6%
Lead professionals leading a Team Around the Family	24.5%	26.9%	21.7%	23.4%
Running parent groups to help them deal with challenging behaviour from their children	9.3%	10.0%	8.6%	7.0%
Targeted support to reduce the risks of children being exploited	5.4%	6.0%	4.7%	4.7%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	34.2%	32.4%	35.5%	33.6%

Helping families where neglect is suspected	3.1%	2.8%	3.2%	1.6%
Street and community-based work with young people	26.9%	26.7%	27.2%	21.1%
Support to address conflict within families	12.8%	11.7%	13.8%	13.3%
Support to improve family relationships	13.9%	13.8%	13.7%	18.8%
Support to improve school attendance	39.2%	41.1%	39.7%	37.5%
Support preparing families for the birth of a child	30.9%	29.7%	32.2%	32.0%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	19.3%	18.3%	19.7%	21.1%
<b>Total</b>	<b>2027</b>	<b>1059</b>	<b>1134</b>	<b>128</b>

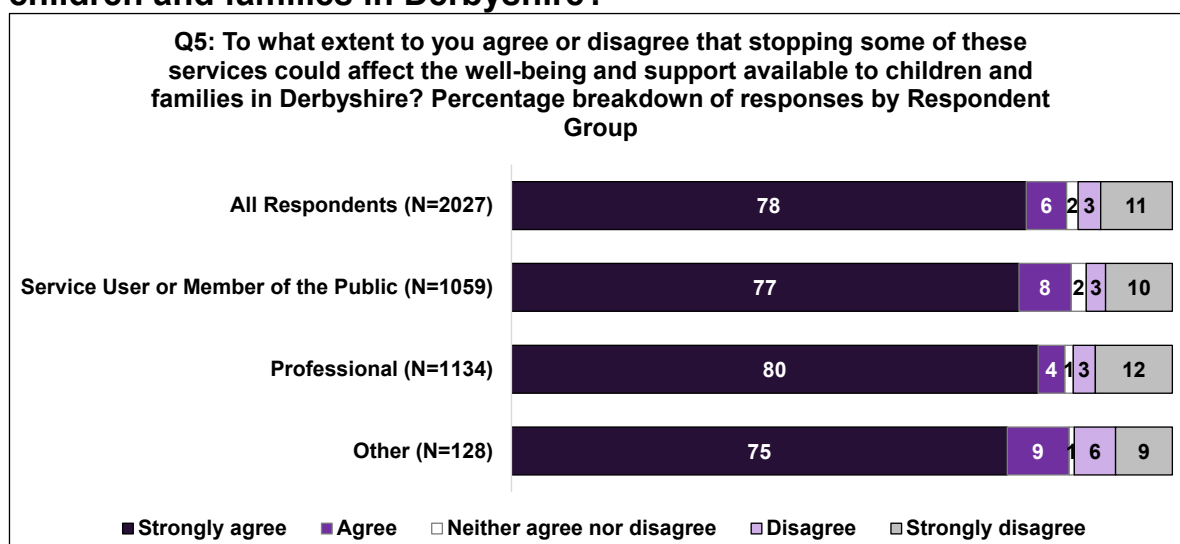
Note, some respondents said they were professional and members of the public or service users so that if you total up all the individual groupings they will exceed 2022 responses.

**Q4: To what extent do you agree or disagree with the proposal for the council to only provide those services that we are legally required to, and to also provide direct and practical help for families in Derbyshire?**



Regardless of grouping the highest proportion of respondents said they disagree or strongly disagree with just providing legally required services (between 75% and 78%).

**Q5: To what extent to you agree or disagree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?**



Regardless of grouping the highest proportion of respondents (between 75% and 80%) said they strongly agree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire.

**Q7: Please provide any additional comments or suggestions you have regarding the proposed changes to early help including children's centres.**

The table overleaf shows the top 15 themes or issues raised in people comments for question 7. The top 10 comments are highlighted in blue. The top five comments across groups of respondents were:

- **Impact on Vulnerable Children and Families:** Concerns about the disproportionate effect of reducing or eliminating early help services on vulnerable children and families, potentially leading to increased risks of neglect, harm, and family breakdowns. (Overall 44.8% of respondents cited this with percentages for individual varying from 35.9% from member of the public/service users to 51.4% for professionals).
- **Disagreement with Proposed Cuts:** Overall disagreement with the proposed cuts to early help services, expressing shock, dismay, and anger at the potential impact on vulnerable families and children. (Overall 39.4% of all respondents cited this with this percentage varying from 42.4% of members of the public/service users to 38.2% of professionals).
- **Importance of Early Help Services:** Emphasizes the vital role of early help services in supporting families and children, preventing crises, and promoting positive outcomes. (Overall 37.4% of all respondents cited this with the percentage varying from 28.6% from people from the 'other' grouping to 37.9% for professionals).
- **Pressure on Social Care and Other Services:** Worries about the increased pressure that cuts to early help services would place on social care teams, schools, health services, and other agencies, given already overstretched resources. (Overall, 27.1% of respondents raised this issue with percentages varying from 17.8% for Members of the public/service users to 34.6% for professionals).
- **Long-Term Consequences and Cost:** Belief that investing in early intervention and prevention saves money in the long run by reducing the need for more intensive interventions later. (Overall, 22.5% of respondents raised this as an issue with percentages varying from 20.1% for Members of the public/service users to 25.7% for professionals).

**Other key concerns amongst groups**

- A common concern from members of the public/service users was the impact of closure of children's centres on families, and impact on other services, the key impact of 0-5 services, indicating Children's centres and their services were highly valued (23.3% of Members of the public/service users).

- A common concern amongst professionals were worries about the capacity of schools to take on additional responsibilities in the absence of early help services, given their already stretched resources. (10.1% of all respondents and 15.2% of responses from professionals).

**Top 15 issues/ Themes from comments people made when answering Q7:**

**Please provide any additional comments or suggestions you have regarding the proposed changes to early help including children's centres.**

Issue or Theme Raised	All Respondents		Member of Public/Service User		Professional		Other	
	No	%	No	%	No	%	No	%
Importance of Early Help Services: Emphasizes the vital role of early help services in supporting families and children, preventing crises, and promoting positive	398	37.4%	180	35.5%	242	37.9%	24	28.6%
Impact on Vulnerable Children and Families: Concerns about the disproportionate effect of reducing or eliminating early help services on vulnerable children and families, potentially leading to increased risks of neglect, harm,	477	44.8%	182	35.9%	328	51.4%	36	42.9%
Pressure on Social Care and Other Services: Worries about the increased pressure that cuts to early help services would place on social care teams, schools, health services, and other agencies, given already	289	27.1%	90	17.8%	221	34.6%	22	26.2%
Long-Term Consequences and Cost: Belief that investing in early intervention and prevention saves money in the long run by reducing the need for more intensive	240	22.5%	102	20.1%	164	25.7%	20	23.8%
Community Impact and Access to Support: Concerns about the impact on communities, particularly in socially disadvantaged areas, where families may struggle to access	155	14.6%	95	18.7%	76	11.9%	13	15.5%
Concerns about School Capacities: Worries about the capacity of schools to take on additional responsibilities in the absence of early help services, given their already	108	10.1%	17	3.4%	97	15.2%	6	7.1%
Support for Multi-Agency Approach: Advocacy for a multi-agency approach involving various professionals and	13	1.2%	<=5	<=1%	10	1.6%	<=5	<=6%
Community Engagement and Utilization: Highlighting the importance of community engagement and utilization of existing resources, such as children's centers, to	53	5.0%	32	6.3%	20	3.1%	6	7.1%
Disagreement with Proposed Cuts: Overall disagreement with the proposed cuts to early help services, expressing shock, dismay, and anger at the potential impact on vulnerable	420	39.4%	215	42.4%	244	38.2%	33	39.3%
Impact of closure of children's centres on families, and impact on other services, key impact of 0-5 services. Children's centres and	187	17.6%	118	23.3%	79	12.4%	18	21.4%
Miscellaneous issues	35	3.3%	19	3.7%	17	2.7%	6	7.1%
Other ways councils could reorganize and streamline services/ Cut other services/senior staff salaries first/Limited money could be used better/ Avoid duplication with other agencies	76	7.1%	45	8.9%	41	6.4%	<=5	<=6%
Suggested alternative improvements to make services more effective	8	0.8%	6	1.2%	<=5	<=0.8%	0	0.0%
More money and resources needed, not less	52	4.9%	22	4.3%	34	5.3%	<=5	<=6%
Valued support for parents with children with	29	2.7%	26	5.1%	<=5	<=0.8%	<=5	<=6%
<b>Total</b>	<b>1065</b>		<b>507</b>		<b>638</b>		<b>84</b>	

Note, since people could raise more than one issue or concern in answering question 7, percentages will exceed 100%.

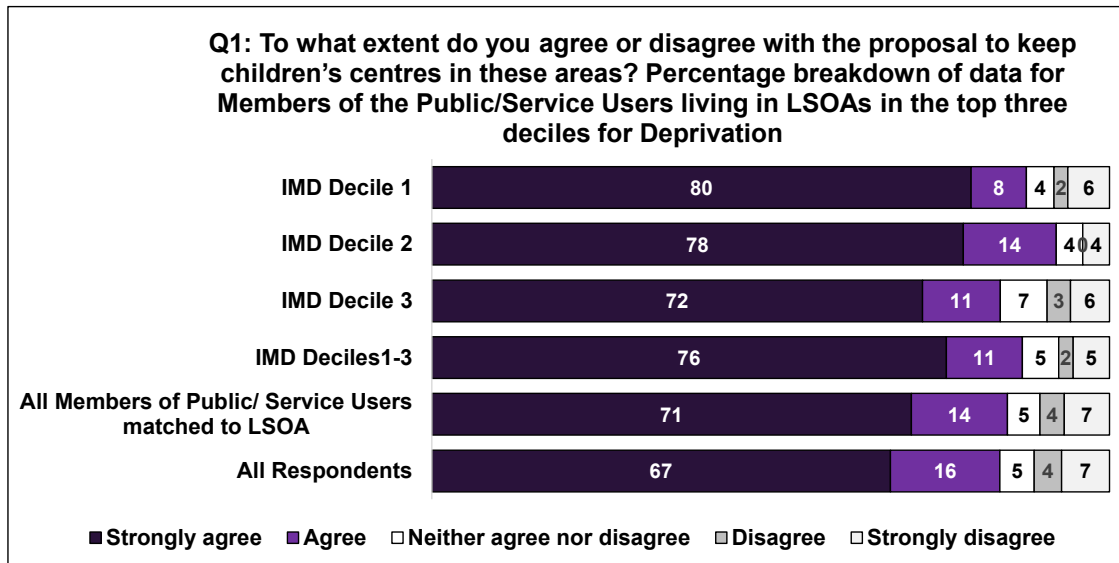
### C. Analysis of Questions by the index of multiple deprivation (IMD)

Question 8 asked respondents to provide us with their postcode. Using this data we have matched this to smaller areas called lower super output areas. 51.2% of respondents have been matched in this way.

- Each lower super output area (LSOA) has a score for deprivation and a ranking for deprivation called the Index of Multiple Deprivation (IMD). These scores and rankings give an indication of how deprived in relative terms that area is compared to other areas in England as at 2019 (the most recent year for which we have this data).
- Each area has been split into tenths (deciles). Areas with a deprivation decile of 1 are amongst the top 10% most deprived areas in England, deciles 1 and 2 together show people in the top 20% most deprived area in England, and so on.
- For the people who we have been able to match to these areas, we can provide an analysis of how people's answers may have varied based on the deciles of deprivation for the areas people live in.
- The following sections show how the answers of people who described themselves as either members of the public or service users, varied (or not) based on whether those people live in the top 3 deciles for deprivation in England.



## Q1: To what extent do you agree or disagree with the proposal to keep Children's Services in these Areas?



- The above graph shows that high proportions of all respondents said they strongly agreed or agreed with the proposal to keep Children's Services in the area listed in the consultation (almost 83%% for all respondents).
- For all members of the public/services users matched to an LSOA, the percentage choosing strong agreement/agreement with the councils' proposal was slightly higher at 85%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage gradually increases to 92% of respondents in deciles 2 before dipping slightly to 88% for decile 1.

**Q2: In your opinion, what are the top 3 most important services offered by early help and children's centres? Data for the Members of the Public/Service Users with Deprivation Data for Deciles 1-3**

Answers to Q2	Member of Public/Service Users				All Deciles	All Respondents
	IMD Decile					
	1	2	3	1-3		
Undertaking early help assessments with children, young people and families	51.0%	54.9%	51.7%	52.4%	52.2%	51.9%
One to one support within the home	20.4%	15.7%	17.2%	17.6%	18.9%	20.8%
Direct work with children and young people	34.7%	41.2%	33.3%	35.8%	34.8%	35.5%
Parenting assessments, which are often needed by the courts	16.3%	9.8%	2.3%	8.0%	12.6%	15.1%
Family time (supervised contact for parents with their children)	30.6%	13.7%	14.9%	18.7%	18.3%	16.6%
Connecting children, young people, and families to more sustainable & community-based support	18.4%	13.7%	17.2%	16.6%	17.4%	14.9%
Lead professionals leading a Team Around the Family	6.1%	15.7%	4.6%	8.0%	8.4%	13.4%

Running parent groups to help them deal with challenging behaviour from their children	22.4%	29.4%	29.9%	27.8%	23.0%	24.6%
Targeted support to reduce the risks of children being exploited	24.5%	17.6%	26.4%	23.5%	19.3%	16.4%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	2.0%	3.9%	3.4%	3.2%	2.0%	1.8%
Helping families where neglect is suspected	18.4%	29.4%	31.0%	27.3%	31.6%	31.4%
Street and community-based work with young people	4.1%	3.9%	6.9%	5.3%	6.5%	5.5%
Support to address conflict within families	2.0%	3.9%	5.7%	4.3%	4.6%	5.2%
Support to improve family relationships	2.0%	7.8%	2.3%	3.7%	5.6%	6.5%
Support to improve school attendance	2.0%	2.0%	2.3%	2.1%	2.4%	3.6%

Support preparing families for the birth of a child	4.1%	5.9%	10.3%	7.5%	7.2%	6.9%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	36.7%	31.4%	40.2%	36.9%	33.4%	28.6%
<b>Total</b>	<b>49</b>	<b>51</b>	<b>87</b>	<b>187</b>	<b>586</b>	<b>2027</b>

- The above table shows the answers for members of the public/service users in terms of prioritizing the top three services listed changed relatively little in deciles 1 to 3 compared to all members of the public/service users.
- Compared to all respondents, members of the public/service users prioritized 'Running sessions for parents of children aged 0-5 on child development, school readiness and parenting' (between 31.4% and 40.2% depending on the decile group).
- This contrasts with all respondents where the third most popular option was 'Helping families where neglect is suspected.'

**Q3: In your opinion, what are the top 3 least important services offered by early help and children's centres? Data for members of the public/service users in deciles 1-3**

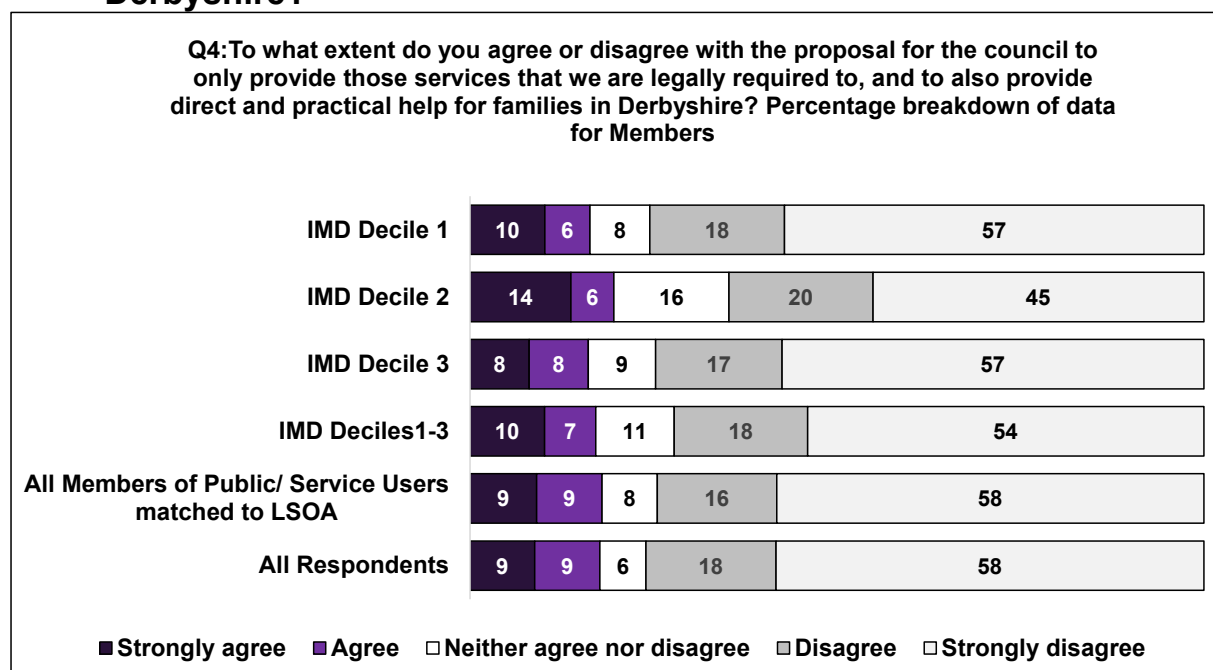
Q3 Answers	Member of Public/Service Users					All Respondents
	IMD Decile				All Deciles	
	1	2	3	Deciles 1 - 3		
Undertaking early help assessments with children, young people and families	10.2%	5.9%	12.6%	10.2%	7.0%	6.4%
One to one support within the home	12.2%	11.8%	14.9%	13.4%	11.8%	11.0%
Direct work with children and young people	8.2%	5.9%	10.3%	8.6%	4.9%	5.6%
Parenting assessments, which	2.0%	7.8%	19.5%	11.8%	13.0%	11.4%

are often needed by the courts						
Family time (supervised contact for parents with their children)	10.2%	15.7%	13.8%	13.4%	13.0%	11.5%
Connecting children, young people, and families to more sustainable and community-based support	10.2%	13.7%	13.8%	12.8%	14.7%	18.7%
Lead professionals leading a Team Around the Family	20.4%	17.6%	27.6%	23.0%	23.2%	24.5%
Running parent groups to help them deal with challenging behaviour from their children	12.2%	5.9%	8.0%	8.6%	9.2%	9.3%
Targeted support to reduce the risks of children being exploited	18.4%	5.9%	4.6%	8.6%	6.7%	5.4%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	18.4%	25.5%	34.5%	27.8%	27.8%	34.2%
Helping families where neglect is suspected	8.2%	5.9%	1.1%	4.3%	2.9%	3.1%
Street and community-based work with young people	32.7%	21.6%	26.4%	26.7%	27.5%	26.9%
Support to address conflict within families	12.2%	15.7%	9.2%	11.8%	11.9%	12.8%
Support to improve family relationships	16.3%	17.6%	14.9%	16.0%	16.0%	13.9%

Support to improve school attendance	44.9%	47.1%	34.5%	40.6%	42.8%	39.2%
Support preparing families for the birth of a child	28.6%	29.4%	24.1%	26.7%	31.7%	30.9%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	14.3%	23.5%	14.9%	17.1%	17.9%	19.3%
<b>Total</b>	<b>49</b>	<b>51</b>	<b>87</b>	<b>36</b>	<b>586</b>	<b>2027</b>

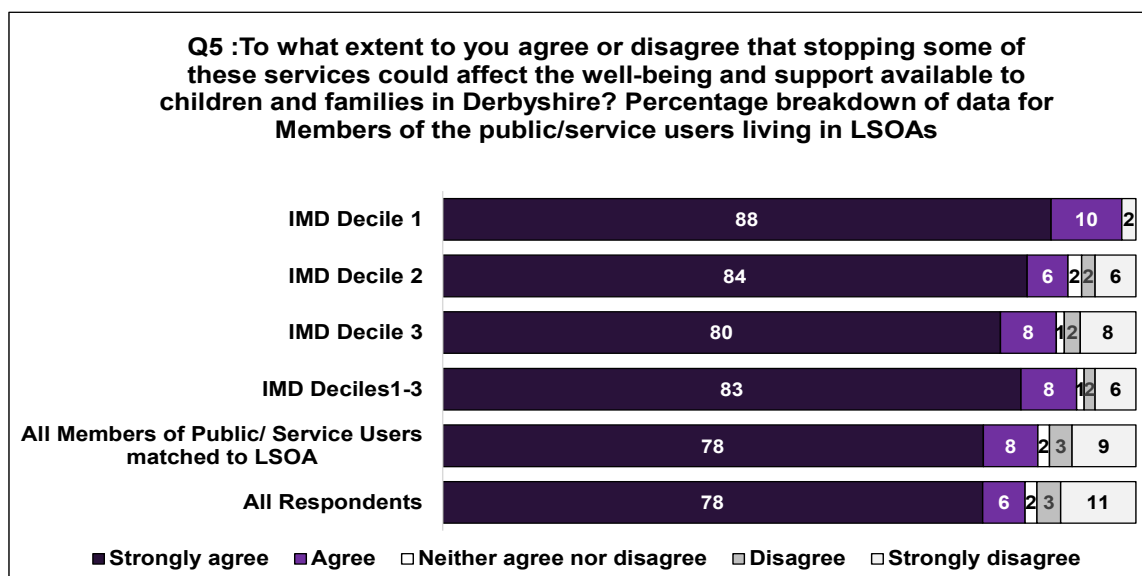
- The above table shows there was some variation in the answers for members of the public/service users in deciles 1 – 3 in terms of listing the top three least important services.
- ‘Support to improve school attendance’ (between 39.2% and 47.1%) and ‘Support preparing families for the birth of a child’ (between 24.1% and 31.7%) were deemed least important for most decile groups.
- Carrying out interviews with young people if they have returned home after being reported missing to the Police was also listed as least important for all groups except members of the public/service users in decile 1.
- Street and community-based work with young people was in the top three least important services for decile 1 (32.7%) and the combined deciles 1-3 (26.7%).
- Lead professionals leading a Team Around the Family was listed in the top three least important functions for members of the public/service users in decile 3 (27.6%).

**Q4: To what extent do you agree or disagree with the proposal for the council to only provide those services that we are legally required to, and to also provide direct and practical help for families in Derbyshire?**



- The graph above shows that high proportions of all respondents said they strongly disagreed or disagreed with the proposal for the council to only provide those services they are legally required to, and to also provide direct and practical help for families in Derbyshire (76% for all respondents).
- For all members of the public/services users matched to an LSOA, the percentage was slightly higher at 74%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage gradually increases to 75% of respondents in decile 1.

**Q5: To what extent to you agree or disagree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?**



- The graph above shows that 84% of all respondents said they strongly agreed or agreed with the proposal that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?
- For all members of the public/services users matched to an LSOA, the percentage was slightly higher at 86%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage tends to rise to a high of 98% of respondents in decile 1.

**D. Information about people completing the consultation.**

**Q6: Are you answering this questionnaire as a (please tick all that apply)**

Answer	No	%
Current or previous user of these services, including a young person	356	17.6%
Member of the public	833	41.1%
Education professional	425	21.0%
Health professional	274	13.5%
Social care professional	234	11.5%
Other professional working with children	254	12.5%
Other	128	6.3%
<b>Total</b>	<b>2027</b>	



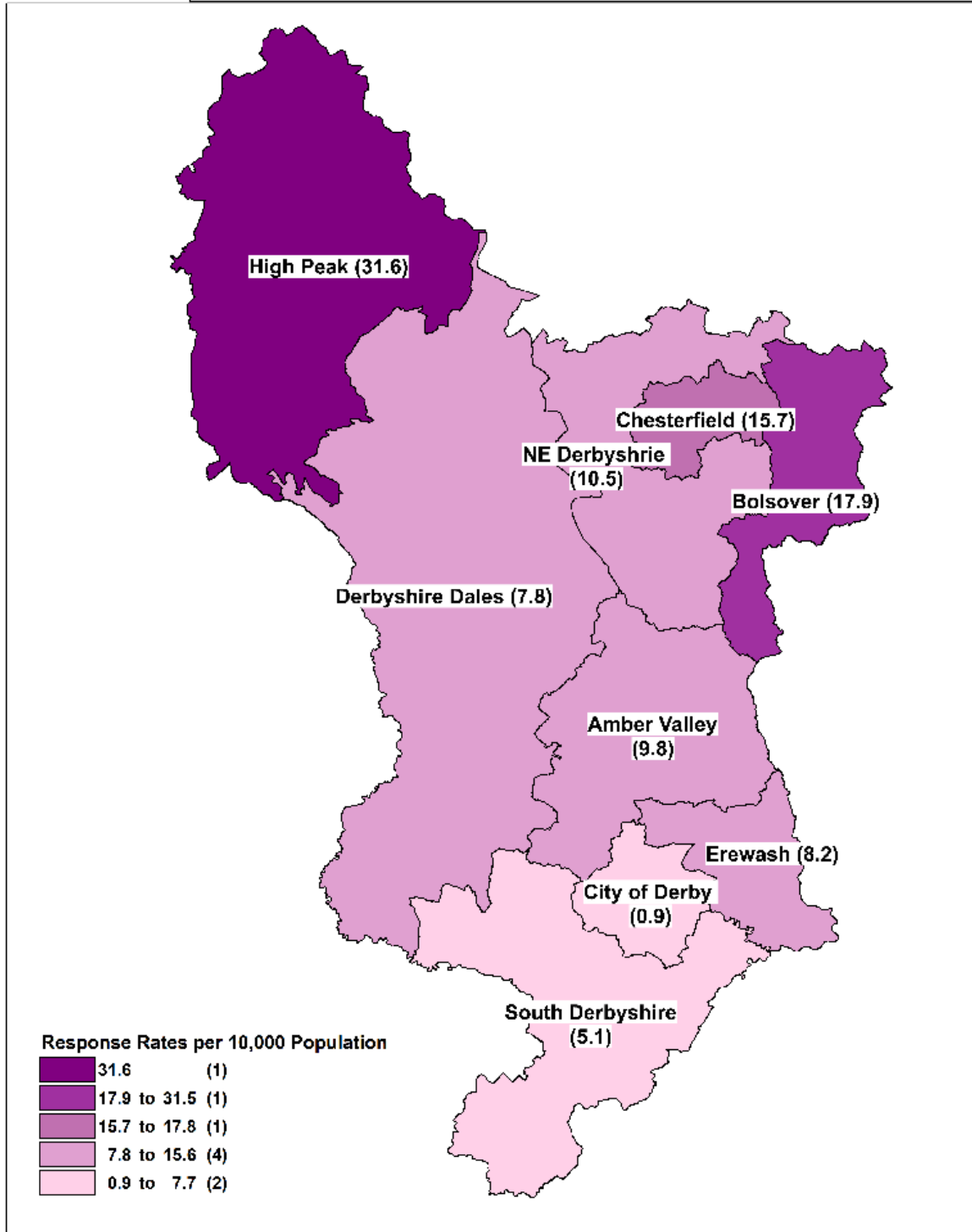
- The largest groups to respond to the survey were members of the public 41.1% and Education professionals 21%.
- Note, if you add up all the answers they will exceed 2027 responses because people could choose more than one category when answering this question.

#### **Q8: Postcode Data matched to District and City Council areas.**

Question 8 asked people to provide us with a postcode. 52.3% of respondents gave us postcodes enabling us to match them to a Derbyshire District or Derby City Council. The map overleaf shows the rate of responses per 10,000 people in each area. This allows to compare responses within each area whilst making allowances for the fact that base population is different in different districts.

High Peak has the highest response per 10,000 people in the population at 31.6, followed by Bolsover at 17.9 and Chesterfield at 15.7.

### 2024 Early Help/Children's Centre Consultation - Responses by District Council Area



**Q9: What is your age group?**

Answer	No	%
No reply	143	7.1%
0 to 16	16	0.8%
17 to 25	90	4.4%
26 to 35	409	20.2%
36 to 50	789	38.9%
51 to 60	395	19.5%
61 to 70	139	6.9%
70 or older	46	2.3%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

The top three age groups in terms of responses to the consultation were people aged 26 to 35 (20.2%), people aged 36 to 50 (38.9%), and people aged 51 to 60 (19.5%).

**Q10: What is your sex?**

Answer	No	%
No reply	156	7.7%
Male	212	10.5%
Female	1645	81.2%
Other / neither of these	14	0.7%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

81.2% of respondents were female.

**Q11: Is the gender you identify as the same as your sex registered at birth?**

Answer	No	%
No reply	170	8.4%
Yes	1853	91.4%
No	4	0.2%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

91.1% answered 'Yes' to this question.

**Q12: A disabled person is someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself disabled?**

Answer	No	%
No reply	186	9.2%
Yes	190	9.4%
No	1651	81.5%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

9.4% of respondents said they considered themselves disabled.

**Q12a If you do consider yourself disabled, what type of disability do you have? (Please select all that apply)**

Answer	No	%
Disability affecting mobility	111	48.1%
Disability affecting hearing	25	10.8%
Disability affecting vision	8	3.5%
A learning disability	30	13.0%
Other	57	24.7%
<b>Total</b>	<b>231</b>	<b>100.0%</b>

48.1% of people who considered themselves disabled had a disability affecting mobility and 24.7% had some other disability.

**Q13: What is your ethnic group?**

<b>Answer</b>	<b>No</b>	<b>%</b>
No reply	165	8.1%
White English, Welsh, Scottish, Northern Irish or British	1776	87.6%
Other White background	38	1.9%
Mixed or Multiple ethnic groups	21	1.0%
Asian or Asian British	13	0.6%
Black, Black British Caribbean or African	<=10	<=0.5%
Other ethnic group	<=10	<=0.5%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

**Q13a: If 'Other', please specify**

<b>Answer</b>	<b>No</b>
No reply	<=5
Chinese	<=5
European	<=5
Filipino	<=5
Human	<=5
Latina	<=5

**Q14: Which of the following best describes your sexual orientation?**

<b>Answer</b>	<b>No</b>	<b>%</b>
No reply	234	11.5%
Straight / Heterosexual	1691	83.4%
Gay or Lesbian	35	1.7%
Bisexual	51	2.5%
Any other sexual orientation	16	0.8%
<b>Total</b>	<b>2027</b>	<b>100.0%</b>

## **Appendix 3 - Specific feedback received in response to the public consultation and partner engagement on the proposals to reduce funding in Early Help and Children's Centres.**

### **Chesterfield Royal Hospital Child Health and North Derbyshire CAMHS response to Derbyshire County Council Children's Services consultation**

CRH provide paediatric outpatient, inpatient, diagnostic and surgical services. This includes a 16-bed ward, 2 specialist high dependency beds and a paediatric assessment unit at the main hospital site.

The Child Development Clinic provide specialist services to Children and Young People across North Derbyshire, requiring input from Children's Services in Derbyshire.

North Derbyshire CAMHS provide specialist mental health care to children and young people across North Derbyshire. CAMHS offer's acute/crisis, intensive home treatment, eating disorder, learning disability mental health services in addition to routine mental health care for young people across North Derbyshire.

Both care units have described the impact on services based on the proposal from Derbyshire County Council.

#### **Impact on Early Help**

Under the proposal there will be a gap in the lead professional for early help. This role is a mandatory role for care and support of young people requiring early help. Specialist Paediatric services such as SLT, Continence and Child development / ND assessments, and CAMHS are not able to increase service provision to cover this gap in service.

There is a risk to young people that without this function it will impact on CAMHS ability to provide effective care to young resulting in an increase in children and young people presenting with urgent or acute mental health needs. This will increase the demand on wider paediatric services, in particular inpatient services in acute crisis from behavioural aspects, neglect and failing to thrive.

Care for young people will be uncoordinated and there an increased risk to family breakdown, identification of safeguarding concerns, identification of physical health requirements and CAMHS ability to deliver therapeutic interventions.

Without a robust wrap around package for early help there will also be an increase in demand on acute/urgent pathways into paediatric and CAMHS services. This will result in an increase in young people presenting to ED and our urgent care team in CAMHS or to their local emergency department.

Without early help service provision there is a likelihood of missed or delayed referrals to the core CAMHS service as early help often provides support and guidance to young people and their families.

#### **Impact on paediatric inpatient services**

Demand on paediatric inpatient services at CRH is incredibly high, with a high proportion of children admitted with complex needs, which require support from Children's services. Failure to maintain

the current level of service will result in longer length of stay for children. This will impact on the health of children in Derbyshire as it will limit the amount of care that CRH is able to provide.

### **Impact on our LD Specialist Support Workers**

Full detail on impact of specialist support worker roles in LD CAMHS Appendix 1

There will be no service offers for hands on work and working intensively with family and young person with challenging behaviour (modelling appropriate interactions, teaching new skills, introducing routines and how to respond to challenging behaviours).

Will incur additional cost as will require to pay qualified clinicians to conduct some of the below (points 3-6) in absence of a Specialist Support Worker.

Limited range and offer of specific packages: sleep hygiene to help reduce challenging behaviour, emotions awareness and labelling to help increase management of strong feelings, understanding diagnosis.

Limited Observations to support formulation and writing of Positive Behaviour Support Plan.

Not able to develop resources to help families with communication, routines and skill development.

Less opportunities to link in with schools and other professionals to share the work undertaken by the team to help reduce challenging behaviours at school and home – so less consistency.

Losing link with Social Care and important multi-disciplinary team members as part of LD CAMHS – see case example below.

### **Impact on LD CAMHS.**

It is proposed that the cuts will involve cuts to short term breaks for our families and additional support. This is really significant.

The majority of our young people open to CAMHS are a CIN or will soon be. (we have approx. 100-120 open at any one time).

The LD CAMHS work closely with Social Care, Short breaks and residential providing consultations, fast responses to crisis, training and close working on individual cases.

Families of YP with LD generally are more at risk of poverty, poor parental MH and neurodiversity. The challenging behaviours impact on the young person, reduce QoL, harm to self, siblings and families and lead to the YP being more isolated, often limiting time at school and as they get older significant strain on the family which is when they then require short term breaks to help keep them living at home. It will significantly reduce life opportunities for the young person.

### If the funding is cut:

- Approx 5-10 families that we work with likely to have a family breakdown requiring the YP be accommodated or tier 4. This is extremely costly and traumatic for the YP, causing even more escalation. We cannot have young people getting stuck in costly, isolated placements away from home. CETRs will become ineffective.

- Approx 30-40 YP will require increase in medication, have a significant reduced quality of life, likely limited social opportunities and less time at school. All this will increase pressure and potential increase of family breakdown. It will significantly reduce quality of life.

Taking away short-term breaks / reducing any additional support goes directly against national and government drivers, e.g.:

- Supporting people with a learning disability and autistic people to get the right care, at the right time, in the right place (Jan 2023): working towards keeping people with ASD / LD out of hospital settings.
- NICE Learning Disabilities and behaviour that challenges (NG93): central is for short break services, joint commissioning for young people that challenge, maximising life opportunities.
- SEND and alternative provision improvement plan: trying to restore young peoples and families frustrating with the system and their battles to access health, social and education.

#### **Impact on Child development Centre.**

There is an increased demand for assessment of children who have challenging and difficult behaviours, of the cause of these are ACE's the withdrawal of the provision of early help to families will further disadvantage this vulnerable group. There is no provision within Health to treat behavioural challenges so limited aspects within Acute services that can positively impact on children.

#### **Impact on Children in care.**

There is increasing numbers of children that are within care, removal of early years support and preventing family breakdown work would further exacerbate this issue and lead to more children being removed from their families and requiring the local authority to become their corporate parent. The Children In care team would need to be additionally resources to meet this need around their health assessments.

#### **Conclusion**

The senior leadership for the Child Health and CAMHS Care units at Chesterfield believe that the proposal does not line up with the NHS long term plan or the ambition within Derbyshire to deliver person/patient centred care.

The removal of the lead professional for early help will result in less collaborative working and an increase in demand on both health and mental health services across North Derbyshire. This is not something that can be absorbed within existing services.

The proposed changes to Children's Service provision will result in a detrimental impact to children and young people's physical and mental health in Derbyshire. This will result in poorer outcomes, further demand and cost to other services which within the full public sector economy will cost substantially more.



## Appendix 1

### FUNCTION OF LD CAMHS, CRH

The team works with young people with moderate and severe learning disabilities who also have challenging behaviours / mental health problems. We work with young people 0-18 years old who live in North Derbyshire.

Assessments of mental health or challenging behaviour are carried out by multi-disciplinary team members in order to understand the function of the behaviour. This then informs one or more interventions. The work usually involves working with the young person, family, school, Social Worker and other key professionals.

*Note about payments of Support Workers: The service was originally commissioned in 2007. At the time monies were given to the North and South. The South chose to have all the monies and employ their own Support Workers. The North (CRH) chose to have the Support Workers employed by Social Care as this offered a better skill set for the work required. The CCG at the time repaid Social Care for the hiring of the Support Workers.*

*This was questioned approximately 8 years ago and at the time Naomi Crompton / Georgina Hill from CCG and Bev Millway from LA looked into it and they found 'a line' that was repaying monies from CCG back to the LA.*

### KEY AREAS OF WORK FOR LD CAMHS

- Accepting **referrals** for clinical assessment, formulation and intervention.
- **Training to professionals** across North Derbyshire – including many Social Work and LA colleagues.
- **Link workers to Residential Care** – including Peak Lodge, Spire: this has included lots of training, consultations, bespoke work with challenging young people. Regular reports/updates are sent through to Richard Jackson.
- **Link Workers to Special Schools** – including regular training, consultations, joint working, psychiatric clinics.
- **Consultations** to all professionals about any cases with LD

### IMPACT /OUTCOMES

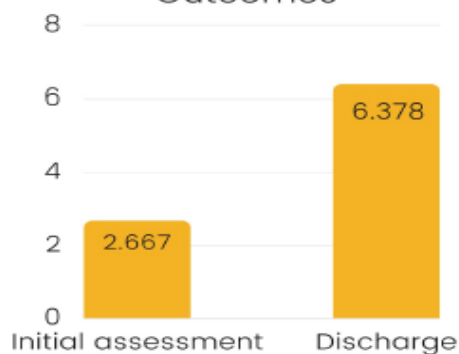
- Low Tier 4 use: in the last 15 years the team has only ever had two young people admitted to tier 4, aside from the impact of keeping young people local and in the community, this will have saved a lot of money.

This rate is significantly much lower than the rest of the country for Learning Disability mental health services.

- Supporting LA in keeping young people living at home and local in North Derbyshire by joint working with Social Care – see specific case example below and how Support Worker contributes to this.
- Statistically significant improvement in goal base outcomes over a two-year period, from family feeling average of 2.6/10 to 6.3/10. See analysis below.

## Analysis

Mean Scores on Goal Based Outcomes



**78**

Goal based outcomes completed



**96.7%**

Goals showed an improvement

### BROAD OVERVIEW of ROLE OF SPECIALIST SUPPORT WORKER

- Work intensively with family and young person with challenging behaviour: modelling appropriate interactions, teaching new skills, introducing routines and how to respond to challenging behaviours.
- Specific packages of work: sleep hygiene to help reduce challenging behaviour, emotions awareness and labelling to help increase management of strong feelings, understanding diagnosis.
- Observations to support formulation and writing of Positive Behaviour Support Plan.
- Development of resources to help families with communication, routines and skill development.
- Linking in with schools and other professionals to share the work.
- Work as a multi-disciplinary team member as part of LD CAMHS – see case example below.

**\*\* please see appendix 1 for more detail.**

#### Case example:

In 2023 one of the Support Workers worked closely with a Clinical Psychologist to support a family that had adopted two young people, both with ASD and Learning Disabilities.

The family wanted to give up one of the siblings. Social Care also worked closely with the family. The case went to scrutiny panel who, rightly so, rejected the case for the child being re-placed again.

The Psychologist worked closely with the family to support attachment and formulation.

The Support Worker worked closely with the family and young person to find best ways to communicate, respond to challenging behaviour and how to have better interactions.

Outcome: significant improved relationships between young person and family, quality of life improved, all talking positively about relationships and reflecting on experience, have skills to support the young person and placement saved. Young person continues to live with the family.

## **IMPACT OF NOT HAVING SPECIALIST SUPPORT WORKERS WITHIN THE TEAM**

1. No service offers for hands on work and working intensively with family and young person with challenging behaviour (modelling appropriate interactions, teaching new skills, introducing routines and how to respond to challenging behaviours).
2. Paying Qualified Clinicians to carry out some of the below (points 3-6) in absence of a Specialist Support Worker.
3. Limited range and offer of specific packages: sleep hygiene to help reduce challenging behaviour, emotions awareness and labelling to help increase management of strong feelings, understanding diagnosis.
4. Limited Observations to support formulation and writing of Positive Behaviour Support Plan.
5. Not able to develop resources to help families with communication, routines and skill development.
6. Less opportunities to link in with schools and other professionals to share the work undertaken by the team to help reduce challenging behaviours at school and home – so less consistency.
7. Losing link with Social Care and important multi-disciplinary team members as part of LD CAMHS – see case example below.

# Specialist Support Worker- Roles & Responsibilities in supporting well-being of CYP

Dimensions of well-being	Interventions by Support Worker
Physical	Sensory interventions Physical health observations Accessing health appts
Emotional & Mental Wellbeing	Puberty sessions Sleep assessments/work Emotions/self-esteem work Independence & growing up work Relaxation & massage Building on key skills
Social	Siblings work Relationships work
Communication	Intensive interaction Creating resources/delivery
Interventions by Support Worker	Interventions by Support Worker
Education	Psycho-social education sessions
Lifestyle	Healthy living 1:1 work Supporting access into the community
Safety	Stranger danger Online safety Domestic safety in the home Road safety
Tools used	<ul style="list-style-type: none"> <li>• Observations</li> <li>• Implementing/role modelling routines</li> <li>• Specific assessments e.g. H2H plan, sleep</li> <li>• Assisting with training to other services/providers</li> <li>• Specific interventions e.g. transitions</li> <li>• PBS</li> <li>• Multi-agency working</li> </ul>

## Feedback from Mark Fletcher, Member of Parliament for Bolsover

Dear Early Help and Children's Centres Review Team,

Please note that I have today submitted a response to this consultation.

I note that the box labelled "Please provide any additional comments or suggestions you have regarding the proposed changes to early help including children's centres:" does not allow for my full comments to be submitted.

My full comments, which I would like to be reflected in this section, are as below.

*"While recognising the acute financial strains the Council is currently facing, I have immense concerns about the impact that an alteration to the services being delivered would have on children, families and alternative providers within Bolsover.*

*Following this consultation being published, I have been approached by a variety of stakeholders, including local schools and NHS staff, who have shared their deep concerns about the cutting of the services mentioned in this consultation. On all occasions, these stakeholders have been clear that there is no money, or capacity, for the services currently being offered by the Council to be shifted onto them – something they believe the Council will have no other option but to attempt.*

*I have also sought advice from the House of Commons Library, which was able to give me guidance on the statutory obligations that the Council has regarding children's services. After reading this advice carefully, I am not entirely satisfied that the Council will continue to meet its obligations should all of the services being considered be ended. I am also not entirely satisfied that budgetary strains, alone, are enough of a reason to justify such a large-scale cutback.*

*Regarding the proposed closure of children's services across Derbyshire, I would like to see further details of the current use of children's centres and an impact assessment of the planned closures. Without this, I feel unable to support the plans. "*

I would be very grateful if you could confirm that the above comments will be listed as part of my consultation response.

Yours faithfully,

**Mark Fletcher MP**

*Member of Parliament for Bolsover*  
**Assistant Government Whip**

## Feedback from Derbyshire Public Health

### Early Help and Children's Centres review consultation – Response from Public Health, Derbyshire County Council

As colleagues within Derbyshire County Council, we are aware of, and appreciate, the huge challenges facing a range of services as we all take steps to generate savings to address the severe budget pressures facing the Council and a need to transform public sector service provision so it is sustainable in the longer-term. However, we would appreciate this response being considered as part of the current consultation on the proposals to amend the Children's Centres and Early Help service models delivered by Childrens Services.

#### Comments relating to Children's Centres services

Children's Centres are a critical element of a preventative approach to supporting children and young people and aligns well with a range of public health outcomes. Therefore, discussions are ongoing and will continue to take place as to how Public Health can continue to invest in a targeted, preventative service model delivered from Children's Centres to maximise public health benefit to children, young people and their families in Derbyshire.

The Government's Family Hubs and Start for Life programme vision is to provide families with the integrated support they need to care for their children acknowledging the evidence that identifying risks early and preventing problems from escalating leads to better long term outcomes. Whilst Derbyshire is not in the first tranche of local authorities to receive additional funding for the development of a Family Hub and Start for Life offer there is a clear commitment that this area of work will remain a priority for future governments. Whilst some rationalisation may be appropriate, it is imperative that there are sufficient Children's Centres available to enable this way of working going forward. It is also not clear whether opportunities for co-location or asset transfer to partner organisations have been explored as ways of maintaining provision in areas of need, or how population need based on those Centres to be retained has been determined.

#### Comments relating to Early Help Services

We recognise the importance of a collaborative partnership approach to Early Help, and that all organisations that work with children and their families should provide early help support.

Placing a greater burden on partners to undertake Early Help Assessments has broader implications for the system, all elements of which are facing similar financial challenges to the local authority. Whilst this is potentially challenging it is critical that there is sufficient capacity within the system to provide the support identified within the assessment within a reasonable time for the intervention to be successful and partners to continue to work in this way.

Identified risks include:

- children and young people's needs will not be addressed until they become acute which will have a significant impact on long term outcomes
- upward trend of numbers of children requiring statutory intervention will continue due to lack of capacity in the system to address issues as they occur
- fragmentation of partner relations due to greater burden being placed with no resource to support

We believe that there is an opportunity for a more systemic review to understand how much partners are currently doing, whether there is any duplication and how the offer could be genuinely delivered collaboratively going forward making best use of the systemwide resources available.

More specifically, we do have serious concerns with the proposals which are being consulted on as we believe they will have a significant adverse impact on 0-19 Public Health Nursing Services. The proposals, if implemented, will create an activity and cost shunt and significant additional demand pressures from one part of local authority service provision to another, leading to increasing costs within the service to meet the additional demand.

0-19 Public Health Services are commissioned by Public Health and delivered by Derbyshire Community Health Services under the name of 'Derbyshire Family Health Services'. Derbyshire County Council receives an annual Public Health Grant, and a requirement for receipt of the Grant is provision of 0-19 Public Health Nursing services. This service includes the statutory responsibilities for Local Authorities in relation to Health visiting checks for under 5's and also provides school nursing provision, oral health advice, intensive home visiting and advice and support regarding infant nutrition.

We request that this activity and cost shunt is acknowledged within the consultation feedback to Corporate Management Team and Cabinet for Early Help Services and mitigated wherever possible. The 0-19 Public Health Nursing Services are facing a range of demand and cost pressures due to increasing complexity of cases and increased cost of service delivery, which is being managed through the Section 75 partnership between Derbyshire County Council and DCHS.

Public Health and DCHS are developing options to make service efficiencies within the current service model to ensure that the Council continues to commission a sustainable 0-19 Public Health Nursing service that meets the statutory requirements of service provision, as well as the needs of the Derbyshire population. Therefore, there is very limited scope to pick up additional work if there is a transfer of activity from the Early Help service to the 0-19 Public Health Nursing Service, especially in relation to matters where a member of staff from the 0-19 team would need to become a lead professional.

Colleagues at DCHS have informed us that the 0-19 Public Health Nursing Service, due to its universal nature and being in contact with all families with young children under 5, would be expected under the proposals to pick up the following work as a direct result of the changes.

1. Undertaking early help assessments with children, young people and families.
2. Lead professionals leading a Team Around the Family (TAF).
3. One to one support within the home.
4. Direct work with children and young people.

Picking up the lead professional role would require a range of additional activity which is not currently outlined in the service specification, nor costed for within the delivery model. DCHS have modelled that the direct impact of additional activity would be an estimated 31 WTE Health Visitors, creating a financial risk of up to £1.7m. There is a significant and long-term challenge in recruiting qualified Health Visitors to roles in Derbyshire and therefore this change would place an extreme demand pressure on the service, which could not be resolved in the short, medium or long term. Due to an inability to effectively deliver this offer, we, together with colleagues in DCHS are concerned that there would be an extremely limited preventative offer resulting in more families,

children and young people being referred to safeguarding or formal social care, leading to additional costs for the Council.

DCHS are estimating that a combination of the cost pressures based on potential activity shunt and existing cost pressures within the service, would result in the need to manage a total service budget shortfall of up to £2.6m, which Public Health would need to support through increased funding or significant service redesign.

The 0-19 Public Health Nursing Service is the service with the largest value commissioned from the Public Health Grant, comprising 28% of funding from the 2023/24 grant allocation to Derbyshire. There is an obligation that Public Health continues to ensure the Council fulfils its statutory responsibilities for commissioning the mandated elements of Public Health Nursing Services, and further investment into this service would be to the detriment of other non-statutory preventative services that Public Health commission or provide, therefore leading to an expected increase in demand for statutory elements of Children's and Adult Care services.

As well as highlighting these impacts as part of the response to Cabinet, we would also request that the statutory responsibilities of the Council for the provision of the mandated elements of the 0-19 Public Health Nursing Services are also shared at both Corporate Management Team and Cabinet as part of the discussions as to future Early Help and Children's Centres service models. We would also request that Children's Services colleagues continue dialogue with Public Health to identify opportunities for mitigation of the risks highlighted in this response should the proposals proceed.

**Ellie Houlston, Director of Public Health**

**Iain Little, Assistant Director of Public Health**

**22<sup>nd</sup> March 2024**



## Feedback from Derbyshire Community Health Services

### DCHS response to Derbyshire County Council Children's Services consultation

As Derbyshire's provider of 0-19 Public Health Nursing Services, Derbyshire Community Health Services (DCHS) have closely reviewed the Council's proposed changes to the Early Help offer and children's centre provision, to understand the likely impact the proposed changes will have on the services we deliver.

The below information focusses on the *operational* impact of the proposals, as it is understood that Equality Impact Assessments are also being undertaken for the proposals being made, where the wider impact on health outcomes will be further considered.

We ask that the below outline of anticipated impact on the 0-19 service be taken into consideration as part of the consultation process.

### **Summary of anticipated impact on DCHS provided services:**

Having reviewed the proposals, we expect the following impact on the 0-19 services, should the Council's proposals be enacted:

- Workload equivalent to that of 33 WTE (30.76 Health Visitors, 2.24 WTE admin) passing to the 0-19 service, in the expectation that they will take on Lead Professional responsibilities for 4 areas of the Early Help offer currently delivered by the Council.
  - This will result in an anticipated unmet cost of c. £1.7m which DCHS is unable to absorb. (DCHS is already working to mitigate an existing £900k cost pressure within the 0-19 service)
- Increased requirement for targeted work to support vulnerable families because of the reduction in preventative work.
- Increased demand, and therefore waiting times, for Children's Speech and Language Therapy Services and Children's Continence Services
- Increase in advice calls and escalation of cases within the Safeguarding Service, and less relevant and proportionate information being shared in the best interest of the child.
- Loss of clinic and workspace for Health Visiting teams

### **Changes to Early Help offer:**

Should the Council revert to the provision of their mandated functions only, it is anticipated that the following work will be expected to be picked up by the 0-19 service, as the anticipated Lead Professional for the child:

5. Undertaking early help assessments with children, young people, and families.
6. Lead professionals leading a Team Around the Family (TAF).
7. One to one support within the home.
8. Direct work with children and young people.

Whilst we currently do not collect data around the activity for these contacts, we have looked at the numbers of children and young people who have been referred in for Early Help over the last 12 months by health (not including midwifery and CAMHS) with the rationale that we

would be expected as the universal service to be the lead professional. Most referrals by health are for the under 5s and Health Visitors are seen as the lead professionals for this age group.

There is no clear guidance on the frequency of TAF meetings and/or the length of time children should remain on this pathway. Therefore, our calculations are based on our current understanding of what is being delivered by our partners. We have taken into consideration the arranging of meetings, minute taking and liaison with partners and the family.

As a result, we estimate that taking on the Lead Professional responsibilities for these 4 areas of the Early Help offer, will equate to an additional workload of 33 WTE. We would be grateful if the workforce calculations the Council use for TAF meetings could be included in the Equality Impact Assessment.

DCHS is unable to absorb the costs of this additional workload. A choice would therefore need to be made by the Council to decide how best to prioritise the resources of the 0-19 service currently commissioned. If any decision is made to reduce the current Public Health commissioned offer, this will mean that DCHS will be unable to deliver the Healthy Child Programme, which is a mandated Public Health programme.

### **Impact on Safeguarding Services:**

The reduction in capacity to provide a Universal Service will impact on the opportunities for early identification of safeguarding concerns. There is the potential for children and families to present at the point of crisis, leading to more safeguarding and child protection concerns. Including an increase in advice calls to the Safeguarding Service and an increase in the escalation of cases.

There is the potential for information sharing between agencies/professionals to reduce as the threshold for child protection is not reached and either consent is not given or is not asked for, resulting in relevant and proportionate information not being shared in the best interest of the child.

There is the potential for other DCHS Services and partner agencies to make Early Help referrals to the 0-19 Children's Services, as the Health Visitor is the lead professional for the under 5 years age group and/or professionals don't know where else to refer, resulting in a further increase of referrals and the processing of referrals that are not for the 0-19 Service.

### **Impact of overall reduction in Children's Services offer:**

It is anticipated that there will be a rise in the number of vulnerable families in Derbyshire because of the reduction in preventative work as outlined in the proposals. The exact anticipated impact is unknown, but we expect the following to result:

- Increase in demand, and therefore increased waiting times, for children's continence services and Children's Speech and Language Therapy services, due to the reduced School Readiness Offer
- Increased demand on School Nursing Service to support families e.g., missing in education service.

To support these assumptions, we are already seeing an increased demand of circa. 4hrs/month in our School Nursing service to support children in the travelling community since the Traveller Liaison Role has remained vacant.

### **Children's Centre proposals:**

The service currently holds clinics and groups at Children's Centre venues across the county. Where these Children Centres are proposed to close, the service will need to seek alternative locations which will depend on availability and suitability. This could result in increased travel time, reduced productivity of the team, and reduced access to clinics for families in the area. Families bring their children to clinic for several reasons, including but not limited to, weight reviews, infant feeding support, minor skin conditions. Reduced access to clinics may lead to increased pressure on the system, for example increased GP/ Emergency Department attendance. This runs contrary to the national government strategy in relation to community-based care and support.

### **Conclusion:**

The above provides an outline of the anticipated impact on the 0-19 service, should the Council's proposals be approved. Besides the indirect impacts of a reduced prevention offer (e.g., increased waiting times for support services), we are particularly concerned that without additional investment in to the 0-19 service, we will not be able to absorb the impact of these changes while also delivering the mandatory obligations of the 0-19 Public Health Nursing Service.

We therefore have significant concerns regarding the proposals being made, as we do not have the capacity to take on the Lead Professional responsibilities that are assumed in the proposals.

We would be grateful if the Council can share the Equality Impact Assessments relating to these changes to the Early Help offer, once completed. We recognise the difficulty of the decisions the Council is needing to take, and as a key stakeholder, wish to offer our support in the development of any such Equality Impact Assessments relating to these proposals.

# Feedback from Joined Up Care Derbyshire



C/o Derby and Derbyshire Integrated Care Board  
1st Floor North  
Cardinal Square  
10 Nottingham Road  
Derby  
DE1 3QT

nicolasmith11@nhs.net  
ddicb.childrenscommissioning@nhs.net

www.derbyandderbyshire.icb.nhs.uk  
www.joinedupcarederbyshire.co.uk

21 March 2024

Councillor Barry Lewis  
Leader of Derbyshire County Council  
Via email: [Barry.Lewis@derbyshire.gov.uk](mailto:Barry.Lewis@derbyshire.gov.uk)

Emma Alexander,  
Managing Director, Derbyshire County Council  
Via email: [Emma.Alexander@derbyshire.gov.uk](mailto:Emma.Alexander@derbyshire.gov.uk)

Dear Cllr Lewis and Ms Alexander,

## **Re: Derbyshire County Council proposed reductions in funding to Early Help and Children's Centres**

In response to the above the CYP Delivery Board, which is a Strategic Board within Joined Up Care Derbyshire's Integrated Care System have expressed significant concerns with the proposals.

NHS Derby and Derbyshire ICB is one of the organisations represented at Board. Whilst we understand the need for Derbyshire County Council to put measures in place to address the forecast overspend of circa £34m, there are significant concerns about the proposed reductions in the funding of the Early Help Service and the delivery of Children's Centres. There are 5 key areas of concern which are highlighted below:

- 1. Children, young people and families need to be at the heart of decision making.** Being able to co-produce services and change is key to ensuring they meet the needs of the people who need to use them. Whilst we understand that there is a public consultation there does not appear to be the opportunity for targeted engagement with the children, young people and their families who use the services. In addition to this the timescale to enable the new service to be in place from July 2024 does not provide the opportunity for specific co-production or engagement activities.
- 2. The long-term impact of the proposed service changes do not appear to have been considered as part of the service review.** There is an acknowledgement that early help should be everyone's responsibility, but the proposed changes will put additional pressure on other services that are already stretched or have also had their capacity reduced. There is already an increase in children and young people presenting with more complex needs so to address this there needs to be a focus on providing help and support at the earliest opportunity. So, reducing the early help offer will increase the demand for more expensive, specialist service provision and the result of this will be that there will be an increase in spending rather than a reduction.

The Integrated Care Partnership of which Derbyshire County Council are a member, recognise this and have endorsed plans aligned to the Start Well priority.

3. **The proposed service changes do not tackle the underlying issues of placement sufficiency and cost.** It is the increase in cost of care packages and the use of out of area placements that we are advised is driving the financial difficulties Derbyshire County Council face and yet, but no plans have been shared to tackle these issues rather than reduce the early help offer which will lead to a further increase in the cost of care packages and make the position even more challenging in future years.
4. **The proposed service changes will add more pressure to placements/care packages.** Reducing the early help offer will increase demand for care packages which will increase the cost to the Local Authority so the planned savings won't be achieved, additionality acuity of need is likely to be higher as early help and support will not be available, which will put additional unacceptable pressure on Schools, Health and other system partners to meet an increased complexity of need.
5. **The proposed services changes do not support the system's approach to prevention and tackling health inequalities.** The National Children's Commissioner have identified a clear need to focus on prevention and increasing health equality to reduce the demand on specialist provision. Reducing the Early Help offer, and the number of Children's Centres will prevent children, young people and their families from accessing support at the earliest opportunity which will lead to increased escalation to crisis and a reliance on more expensive, specialist services. It will also lead to an inequity in service provision and support as not every child, young person and their family across Derbyshire will have the same access to advice, information and support at the earliest opportunity.

We hope that these issues can be considered and help to inform the future proposals that will be presented to Cabinet. NHS Derby and Derbyshire ICB remain a dedicated partner to Derbyshire County Council to ensure we jointly do the absolute best we can for Children, young people and their families locally.

Yours sincerely,



Nicola Smith  
Assistant Director of Children's Strategic Commissioning and Deputy Chair of CYP Delivery Board  
NHS Derby and Derbyshire Integrated Care Board / Joined Up Care Derbyshire

cc. Carol Camiss, Executive Director of Children's Services.

Consultation Email: [cs.earlyhelppreview@derbyshire.gov.uk](mailto:cs.earlyhelppreview@derbyshire.gov.uk)

## Appendix 4 – Equalities Impact Assessment

### Equality Impact Analysis Record Form 2023 – Derbyshire County Council

#### Introduction and context

Policy/ Service under development/ review		Recommendation to re-design and reshape the current Early Help and Children’s Centres teams due to funding reductions in Children’s Services.			
Department/ Corporate		Children’s Services / Early Help & Safeguarding			
Lead officer		Chris Caley			
EIA Team:		Chris Caley, Matt Drew, Alexandra Mackay, Tracy Genders			
Date analysis commenced:	12 February 2024	Date completed:	16/04/2024	Date approved:	

#### Part 1. About the service/ policy or function and the reason for the EIA

<p>What is the purpose of the service, policy or function?</p> <p>The current Early Help Teams and Children’s Centres provide support to children, young people and families with an evidenced level of intensive needs including the following:</p> <ul style="list-style-type: none"> <li>• Support undertaking Early Help Assessments with children, young people and families</li> <li>• One to one support within the home</li> <li>• Direct work with children and young people</li> <li>• Parenting assessments</li> <li>• Family Time (supervised contact)</li> </ul>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- Connecting children, young people and families to more sustainable and community-based support
- Lead professionals leading a Team Around the Family
- Parenting groups delivering the Solihull Parenting Approach and Non-Violent Resistance training
- Core offer of groups and activities for children 0-5 and their families focussed on child development, school readiness and parenting
- Targeted support to reduce the risks of children being exploited (CE)
- Missing Return Interviews
- Use of the Graded Care Profile (to support cases of neglect or compromised parenting)
- Street and community based detached work with young people
- Support to address conflict within families
- Support to improve family relationships
- Support to improve school attendance / engagement with education

Working Together to Safeguard Children 2023 defines early help as follows:-

*“Early help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area.*

*Some early help is provided through “universal services”, such as education and health services. They are universal services because they are available to all families, regardless of their needs. Other early help services are coordinated by a local authority and/or their partners to address specific concerns within a family and can be described as targeted early help.*

*Examples of these include parenting support, mental health support, youth services, youth offending teams and housing and employment services. Early help may be appropriate for children and families who have several needs, or whose circumstances might make them more vulnerable. It is a voluntary approach, requiring the family’s consent to receive support and services offered. These may be provided before and/or after statutory intervention.”*

Early help, early intervention and Children’s Centres have been part of Derbyshire Children’s Services offer to families for more than 20 years.

Derbyshire's network of 22 Children's Centre buildings provides vital accommodation for the delivery of court ordered Family Time, and these buildings also provide opportunities for partners and volunteers to support children, young people and families.

Children's Centre staff play an important role around the Keeping Babies Safe agenda and so a pre-birth framework of direct work is delivered one to one with families, or through a targeted antenatal group. The work incorporates the key areas of Keeping Babies Safe, as well as additional important considerations such as practical preparation for birth, coping with a crying baby, play and stimulation.

The work of both the Early Help Teams and Children's Centres were commended by the Ofsted inspectors during their recent inspection of Children's Services (November 2023).

Are there any proposals to change these?

The council is facing financial pressures that are outside of our control and we are looking at making changes to a range of services.

In order to support the council setting a balanced budget it has been proposed that we need to save around £3.9m from the early help service and children's centre budgets in order to safeguard against reductions in funding for statutory services like frontline social care.

Ideally, services would be retained if additional funding could be sourced, however a reduction in funding of this level will necessitate a service redesign resulting in a different approach to the provision of early help and early intervention in Derbyshire. Within the new arrangements we are seeking to reduce the range and number of job roles to meet the constraints of the funding envelope remaining. This also means that there are a number of services that we cannot continue to provide to children and families including:-

- Undertaking early help assessments with children, young people and families
- One to one support within the home
- Direct work with children and young people
- Connecting children, young people, and families to more sustainable and community-based support



- Lead professionals leading a Team Around the Family
- Running parent groups to help them deal with challenging behaviour from their children
- Targeted support to reduce the risks of children being exploited
- Carrying out interviews with young people if they have returned home after being reported missing to the Police
- Helping families where neglect is suspected
- Street and community-based work with young people
- Support to address conflict within families
- Support to improve family relationships
- Support to improve school attendance
- Support preparing families for the birth of a child
- Running sessions for parents of children aged 0-5 on child development, school readiness and parenting

The disestablishment of the job roles within the Early Help Teams and Children's Centres, along with service re-design carry with it some significant risks which can be summarised below:-

- Cessation of the current early help services to support children, young people and families would result in a detrimental knock-on effect to the most vulnerable children and young people. The number one presenting issue present in the cases referred into early help is mental health and those young people needing help would need to access support from other agencies – and there is uncertainty over whether there is capacity amongst partner agencies to provide this.
- The proposals potentially serves as a false economy as there will be increased demand for frontline Social Care support as children's and families' needs become more acute.
- There is potential for more public law proceedings leading to more children being accommodated by the Council.
- There is potential for delayed parenting assessments – the current Early Help staff are currently able to offer additional capacity when demand is high.
- There is potential for reduced support for Family Time – the current Early Help staff are currently able to offer additional capacity when demand is high.
- There are likely to be significant and increased pressures on partner agencies to provide a greater level of early help and early intervention in the absence of support from the locality targeted Early Help Teams.

The proposed service redesign supports directly or indirectly the delivery of some of the statutory duties the council is legally required to provide, and also responds to the significant feedback received as part of the public consultation, partner engagement or from the staff roadshows:

- Parenting assessments – these are needed as part of proceedings in the family courts
- Family Time – we supervise sessions with parents and their children as directed by the family courts
- Work to track and support school leavers if they do not find a place at college, sixth form or a job with training
- Support for partner agencies in delivering early help interventions
- Direct and practical family help within the home
- Delivery of parenting programmes
- Delivery of specific support for children aged 0-5 and their families

12 Children's Centres have been identified that we are proposing to retain. These are larger centres that are used to deliver more services (like court ordered family time). The buildings are spread out, as best as possible, across Derbyshire's localities:-

**High Peak and North Derbyshire Dales**

- Glossop
- Buxton (Fairfield)

**Chesterfield**

- Brimington
- Birdholme

**Bolsover / North East Derbyshire**

- North Wingfield (Alice's View)
- Shirebrook
- Creswell
- Eckington

**Amber Valley**

- Heanor

**Erewash**

- Ilkeston (Cotmanhay)
- Long Eaton

**South Derbyshire Dales and South Derbyshire**

- Woodville

Retaining 12 Children's Centres will mean the closure of the following 10 Children's Centre which are either not as well used, are smaller, or are close to other larger, more well used Centres. In order to enable the further use of these building spaces for children and families, discussions will be had with partner agencies about a transfer:

**High Peak and North Derbyshire Dales**

- Hadfield
- Gamesley
- Matlock

**Chesterfield**

- Holme Hall
- Old Whittington

**Bolsover / North East Derbyshire**

- Bolsover

**Amber Valley**

- Alfreton
- Ironville
- Langleys Mill

**Erewash**

- Charnos Family Support Centre (Ilkeston)

## Part 2. Supporting evidence about impact

What is presently known about how the current service or policy impacts upon people with a protected characteristic, people from disadvantaged communities, armed forces personnel and other groups outlined in the Council's guidance for EIAs?

The follow presents data from the last year on early help interventions provided to Derbyshire residents in each of Children's Services 6 operational localities, and breaks down, gender, disability, ethnicity and age.

**Abbreviations:-** AV = Amber Valley, CHE = Chesterfield, ERE = Erewash, HPND = High Peak and North Derbyshire Dales, NEB = North East Derbyshire / Bolsover, SDSA = South Derbyshire Dales and South Derbyshire

### 2023

Locality	Total	Gender						Disability			
		Female	Male	Not recorded	Female %	Male %	Not recorded %	Yes	No or not recorded	Yes	No or not recorded
AV	1567	801	751	15	51.1%	47.9%	1.0%	47	1520	3.0%	97.0%
CHE	1292	675	602	15	52.2%	46.6%	1.2%	47	1245	3.6%	96.4%
ERE	1248	689	542	17	55.2%	43.4%	1.4%	58	1190	4.6%	95.4%
HPND	1206	618	573	15	51.2%	47.5%	1.2%	77	1129	6.4%	93.6%
NEB	2043	1037	987	19	50.8%	48.3%	0.9%	77	1966	3.8%	96.2%
SDSD	1066	549	509	8	51.5%	47.7%	0.8%	51	1015	4.8%	95.2%
Total	8422	4369	3964	89	51.9%	47.1%	1.1%	357	8065	4.2%	95.8%

Locality	Asian or Asian British	Black or African or Caribbean or Black British	Mixed or Multiple	Other Ethnic Group	White	Not Stated	Asian or Asian British	Black or African or Caribbean or Black British	Mixed or Multiple	Other Ethnic Group	White	Not Stated
AV	13	9	55	8	1376	106	0.8%	0.6%	3.5%	0.5%	87.8%	6.8%
CHE	17	18	42	12	1121	82	1.3%	1.4%	3.3%	0.9%	86.8%	6.3%
ERE	17	20	61	5	1031	114	1.4%	1.6%	4.9%	0.4%	82.6%	9.1%
HPND	8	8	45	4	1049	92	0.7%	0.7%	3.7%	0.3%	87.0%	7.6%
NEB	12	21	63	17	1801	129	0.6%	1.0%	3.1%	0.8%	88.2%	6.3%
SDSD	33	10	62	17	849	95	3.1%	0.9%	5.8%	1.6%	79.6%	8.9%
Total	100	86	328	63	7227	618	1.2%	1.0%	3.9%	0.7%	85.8%	7.3%

Locality	0-5	6-18	18+	0-5	6-18	18+
AV	371	509	299	31.00%	42.60%	25.00%
CHE	396	414	262	36.40%	38.10%	24.10%
ERE	344	377	272	34.00%	37.20%	26.90%
HPND	244	499	178	26.30%	53.80%	19.20%
NEB	521	842	377	29.60%	47.90%	21.40%
SDSD	232	418	143	29.10%	52.40%	17.90%
<b>Total</b>	<b>2108</b>	<b>3059</b>	<b>1531</b>	<b>31.10%</b>	<b>45.10%</b>	<b>22.60%</b>

The data above shows that overall the service is providing support to more females than males (52% to 47% - 1% not recorded), with higher proportion of females in receipt of support in Erewash (55%).

Overall, 76.2% of people receiving support are aged between 0 and 18.

Overall, 4% of people with a disability recorded are in receipt of support from the service across Derbyshire. However, in Amber Valley this is 3%, and in High Peak and North Dales it is 6.4%.

Overall, of the people in receipt of support from the service, 85.8% of people's ethnicity is recorded as being white, 1.2% recorded as Asian / Asian British, 1% recorded as Black or African or Caribbean or Black British, 0.7% as other and 7.3% have not had their ethnicity recorded.

Deprivation has 10 levels of classification – 1 describes areas with the highest levels of deprivation area, and 10 describes areas with the lowest levels of deprivation area.

## Amber Valley

Level of deprivation	1	2	3	4	5	6	7	8	9	10
Number of interventions	200	213	203	127	307	104	110	98	83	48
Percentage of Total	13.4%	14.3%	13.6%	8.5%	20.6%	7.0%	7.4%	6.6%	5.6%	3.2%
Top 3 levels of deprivation	41.3%									
Top 5 levels of deprivation	70.3%									

In 2023 in Amber Valley, 74.6% of interventions were delivered 0-18 year olds and 70.3% of interventions were provided in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

Postcode	LSOA	Ward	Level of Deprivation	Count
DE5 3	Amber Valley 008F	Ripley & Marehay Ward	1	64
DE55 4	Amber Valley 003D	Somercotes Ward	2	64
DE55 7	Amber Valley 001A	Alfreton Ward	3	58
NG16 5	Amber Valley 003B	Ironville & Riddings Ward	1	55
DE55 7	Amber Valley 003A	Alfreton Ward	2	51
NG16 4	Amber Valley 017D	Codnor, Langley Mill & Aldercar Ward	2	51
DE56 1	Amber Valley 010C	Belper South Ward	5	48
DE55 4	Amber Valley 003B	Ironville & Riddings Ward	1	43
DE55 7	Amber Valley 001B	Alfreton Ward	3	41
NG16 4	Amber Valley 017C	Codnor, Langley Mill & Aldercar Ward	1	38

## Chesterfield

Level of deprivation	1	2	3	4	5	6	7	8	9	10
Number of interventions	298	305	253	139	79	33	60	14	51	12
Percentage of Total	24.0%	24.5%	20.3%	11.2%	6.4%	2.7%	4.8%	1.1%	4.1%	1.0%
Top 3 levels of deprivation	68.8%									
Top 5 levels of deprivation	86.3%									

In 2023 in Chesterfield, 74.5% of interventions were delivered to 0-18 year olds, and 86.3% of interventions were delivered in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

Postcode	LSOA	Ward	Level of Deprivation	Count
S40 2	Chesterfield 013A	Rother Ward	1	79
S43 3	Chesterfield 002D	Staveley Central Ward	1	57
S43 3	Chesterfield 002E	Staveley Central Ward	1	46
S40 2	Chesterfield 013D	Rother Ward	1	45
S43 1	Chesterfield 003D	Brimington North Ward	3	37
S43 2	Chesterfield 003A	Staveley North Ward	1	37
S43 1	Chesterfield 005E	Brimington South Ward	3	36
S43 3	Chesterfield 006E	Staveley Central Ward	2	36
S41 8	Chesterfield 004C	Dunston Ward	2	35
S40 2	Chesterfield 010G	Rother Ward	3	32

## Erewash

Level of deprivation	1	2	3	4	5	6	7	8	9	10
<b>Number of interventions</b>	155	217	274	46	160	70	86	66	57	70
<b>Percentage of Total</b>	<b>12.9%</b>	<b>18.1%</b>	<b>22.8%</b>	<b>3.8%</b>	<b>13.3%</b>	<b>5.8%</b>	<b>7.2%</b>	<b>5.5%</b>	<b>4.7%</b>	<b>5.8%</b>
<b>Top 3 levels of deprivation</b>	<b>53.8%</b>									
<b>Top 5 levels of deprivation</b>	<b>70.9%</b>									

In 2023 in Erewash, 71.2% of interventions were delivered to 0-18 year olds, and 70.9% of interventions were delivered in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

Postcode	LSOA	Ward	Level of Deprivation	Count
DE7 8	Erewash 001C	Cotmanhay Ward	1	54
DE7 4	Erewash 006A	Hallam Fields Ward	5	46
NG10 4	Erewash 010C	Derby Road West Ward	1	45
DE7 8	Erewash 003D	Larklands Ward	2	40
DE7 8	Erewash 001D	Cotmanhay Ward	2	38
NG10 3	Erewash 015D	Wilsthorpe Ward	8	37
DE7 8	Erewash 001E	Cotmanhay Ward	3	36
NG10 1	Erewash 012B	Long Eaton Central Ward	3	36
NG10 5	Erewash 008C	Sandiacre Ward	3	32
NG10 1	Erewash 012D	Long Eaton Central Ward	2	30



### High Peak and North Dales

Level of deprivation	1	2	3	4	5	6	7	8	9	10
Number of interventions	196	28	61	125	164	154	107	143	144	37
Percentage of Total	16.9%	2.4%	5.3%	10.8%	14.2%	13.3%	9.2%	12.3%	12.4%	3.2%
Top 3 levels of deprivation	24.6%									
Top 5 levels of deprivation	49.5%									

In 2023 in High Peak, 80.1% of interventions were delivered to 0-18 year olds, and 49.5% of interventions were delivered in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

Postcode	LSOA	Ward	Level of Deprivation	Count
SK17 7	High Peak 011E	Stone Bench Ward	1	75
DE4 3	Derbyshire Dales 006D	Matlock East & Tansley Ward	1	42
SK13 1	High Peak 002C	Hadfield North Ward	4	35
SK17 7	High Peak 011C	Stone Bench Ward	3	35
SK23 0	High Peak 013F	Chapel West Ward	6	35
SK13 0	High Peak 002A	Gamesley Ward	1	33
DE4 2	Derbyshire Dales 004A	Darley Dale Ward	6	31
SK13 1	High Peak 001D	Tintwistle Ward	5	31
SK13 0	High Peak 002B	Gamesley Ward	1	30
SK22 4	High Peak 006C	New Mills East Ward	2	28

### North East Derbyshire and Bolsover

Level of deprivation	1	2	3	4	5	6	7	8	9	10
Number of interventions	178	420	349	348	246	133	99	67	71	20
Percentage of Total	9.2%	21.8%	18.1%	18.0%	12.7%	6.9%	5.1%	3.5%	3.7%	1.0%
Top 3 levels of deprivation	49.0%									
Top 5 levels of deprivation	79.8%									

In 2023 in North East Derbyshire and Bolsover, 77.5% of interventions were provided to 0-18 year olds, and 79.8% of interventions were delivered in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

Postcode	LSOA	Ward	Level of Deprivation	Count
S44 6	Bolsover 004A	Bolsover North & Shuttlewood Ward	2	66
S80 4	Bolsover 003C	Elmton-with-Creswell Ward	2	65
DE55 6	North East Derbyshire 013C	Shirland Ward	3	55
S45 9	North East Derbyshire 012D	Clay Cross South Ward	2	55
S44 6	Bolsover 005B	Bolsover East Ward	2	44
S42 5	North East Derbyshire 009E	North Wingfield Central Ward	1	43
S42 5	North East Derbyshire 009D	Holmewood & Heath Ward	4	42
S42 5	North East Derbyshire 009C	Holmewood & Heath Ward	1	38
NG20 9	Bolsover 007B	Langwith Ward	2	36
S21 1	North East Derbyshire 001G	Killamarsh West Ward	4	36

### South Dales and South Derbyshire

Level of deprivation	1	2	3	4	5	6	7	8	9	10
Number of interventions	0	92	71	70	100	211	72	144	145	102
Percentage of Total	0.0%	9.1%	7.1%	7.0%	9.9%	21.0%	7.1%	14.3%	14.4%	10.1%
Top 3 levels of deprivation	16.2%									
Top 5 levels of deprivation	33.1%									

In 2023 in South Dales and South Derbyshire, 81.5% of interventions were provided to 0-18 year olds, and 33.1% of interventions were delivered in the postcode areas covered by wards with the top 5 levels of deprivation as set out below:-

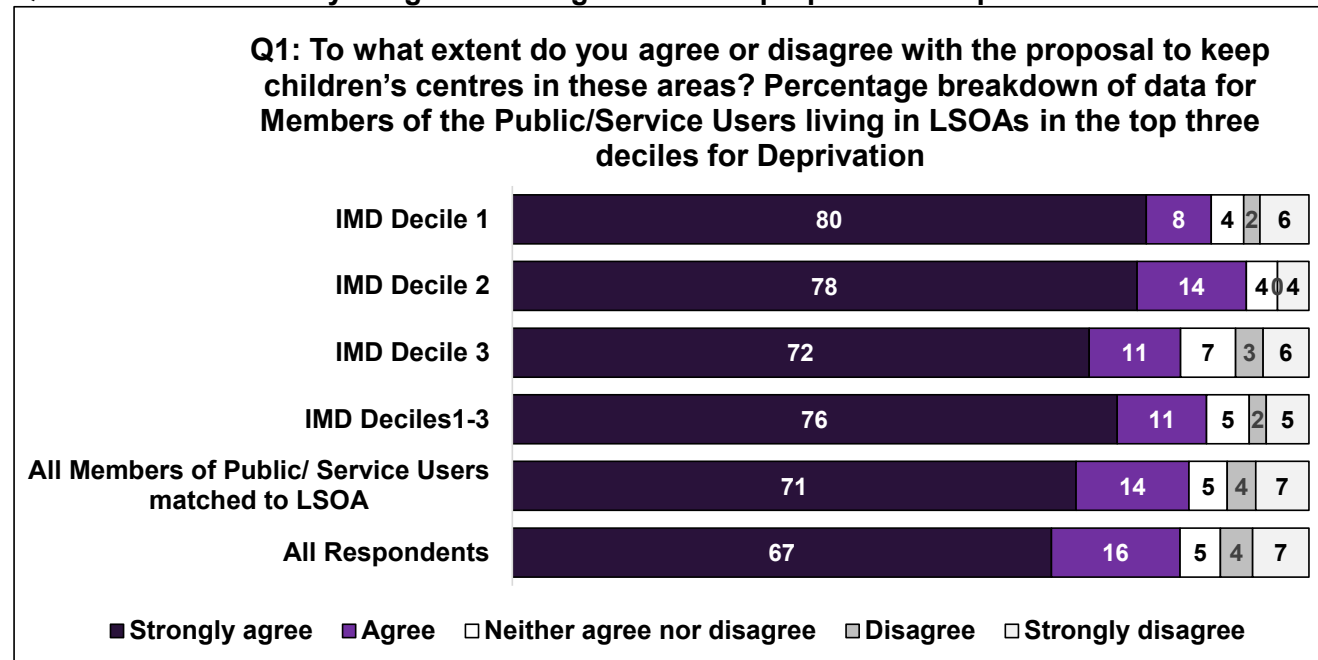
Postcode	LSOA	Ward	Level of Deprivation	Count
DE24 5	South Derbyshire 004D	Aston Ward	9	45
DE11 7	South Derbyshire 013A	Woodville Ward	2	38
DE24 3	South Derbyshire 003A	Stenson Ward	5	27
DE6 1	Derbyshire Dales 009A	Ashbourne North Ward	6	27
DE6 1	Derbyshire Dales 009D	Ashbourne South Ward	6	26
DE23 3	South Derbyshire 003D	Willington and Findern Ward	10	24
DE11 0	South Derbyshire 008D	Newhall and Stanton Ward	2	23
DE11 0	South Derbyshire 007D	Midway Ward	3	21
DE11 7	South Derbyshire 007A	Midway Ward	4	20
DE11 8	South Derbyshire 012D	Woodville Ward	6	20

As part of the public consultation undertaken, Question 8 asked respondents to provide their postcode. Using this data has allowed matching to smaller areas called lower super output areas. 51.2% of respondents have been matched in this way.

Each lower super output area (LSOA) has a score for deprivation and a ranking for deprivation called the Index of Multiple Deprivation (IMD). These scores and rankings give an indication of how deprived in relative terms that area is compared to other areas in England as at 2019 (the most recent year for which we have this data).

- Each area has been split into tenths (deciles). Areas with a deprivation decile of 1 are amongst the top 10% most deprived areas in England, deciles 1 and 2 together show people in the top 20% most deprived area in England, and so on.
- For the people who we have been able to match to these areas, we can provide an analysis of how people's answers may have varied based on the deciles of deprivation for the areas people live in.
- The following sections show how the answers of people who described themselves as either members of the public or service users, varied (or not) based on whether those people live in the top 3 deciles for deprivation in England.

**Q1: To what extent do you agree or disagree with the proposal to keep Children's Services in these Areas?**



- The above graph shows that high proportions of all respondents said they strongly agreed or agreed with the proposal to keep Children's Services in the area listed in the consultation (almost 83% for all respondents).

- For all members of the public/services users matched to an LSOA, the percentage choosing strong agreement/agreement with the councils' proposal was slightly higher at 85%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage gradually increases to 92% of respondents in deciles 2 before dipping slightly to 88% for decile 1.

**Q2: In your opinion, what are the top 3 most important services offered by early help and children's centres? Data for the Members of the Public/Service Users with Deprivation Data for Deciles 1-3**

Answers to Q2	Member of Public/Service Users				All Deciles	All Respondents
	IMD Decile					
	1	2	3	1-3		
Undertaking early help assessments with children, young people and families	51.0%	54.9%	51.7%	52.4%	52.2%	51.9%
One to one support within the home	20.4%	15.7%	17.2%	17.6%	18.9%	20.8%
Direct work with children and young people	34.7%	41.2%	33.3%	35.8%	34.8%	35.5%
Parenting assessments, which are often needed by the courts	16.3%	9.8%	2.3%	8.0%	12.6%	15.1%
Family time (supervised contact for parents with their children)	30.6%	13.7%	14.9%	18.7%	18.3%	16.6%
Connecting children, young people, and families to more sustainable & community-based support	18.4%	13.7%	17.2%	16.6%	17.4%	14.9%
Lead professionals leading a Team Around the Family	6.1%	15.7%	4.6%	8.0%	8.4%	13.4%

Running parent groups to help them deal with challenging behaviour from their children	22.4%	29.4%	29.9%	27.8%	23.0%	24.6%
Targeted support to reduce the risks of children being exploited	24.5%	17.6%	26.4%	23.5%	19.3%	16.4%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	2.0%	3.9%	3.4%	3.2%	2.0%	1.8%
Helping families where neglect is suspected	18.4%	29.4%	31.0%	27.3%	31.6%	31.4%
Street and community-based work with young people	4.1%	3.9%	6.9%	5.3%	6.5%	5.5%
Support to address conflict within families	2.0%	3.9%	5.7%	4.3%	4.6%	5.2%
Support to improve family relationships	2.0%	7.8%	2.3%	3.7%	5.6%	6.5%
Support to improve school attendance	2.0%	2.0%	2.3%	2.1%	2.4%	3.6%
Support preparing families for the birth of a child	4.1%	5.9%	10.3%	7.5%	7.2%	6.9%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	36.7%	31.4%	40.2%	36.9%	33.4%	28.6%
<b>Total</b>	<b>49</b>	<b>51</b>	<b>87</b>	<b>187</b>	<b>586</b>	<b>2027</b>

- The above table shows the answers for members of the public/service users in terms of prioritizing the top three services listed changed relatively little in deciles 1 to 3 compared to all members of the public/service users.

- Compared to all respondents, members of the public/service users prioritized 'Running sessions for parents of children aged 0-5 on child development, school readiness and parenting' (between 31.4% and 40.2% depending on the decile group).
- This contrasts with all respondents where the third most popular option was 'Helping families where neglect is suspected.'

**Q3: In your opinion, what are the top 3 least important services offered by early help and children's centres? Data for members of the public/service users in deciles 1-3**

Q3 Answers	Member of Public/Service Users					All Respondents
	IMD Decile				All Deciles	
	1	2	3	Deciles 1 - 3		
Undertaking early help assessments with children, young people and families	10.2%	5.9%	12.6%	10.2%	7.0%	6.4%
One to one support within the home	12.2%	11.8%	14.9%	13.4%	11.8%	11.0%
Direct work with children and young people	8.2%	5.9%	10.3%	8.6%	4.9%	5.6%
Parenting assessments, which are often needed by the courts	2.0%	7.8%	19.5%	11.8%	13.0%	11.4%
Family time (supervised contact for parents with their children)	10.2%	15.7%	13.8%	13.4%	13.0%	11.5%
Connecting children, young people, and families to more sustainable and community-based support	10.2%	13.7%	13.8%	12.8%	14.7%	18.7%
Lead professionals leading a Team Around the Family	20.4%	17.6%	27.6%	23.0%	23.2%	24.5%
Running parent groups to help them deal with challenging behaviour from their children	12.2%	5.9%	8.0%	8.6%	9.2%	9.3%

Targeted support to reduce the risks of children being exploited	18.4%	5.9%	4.6%	8.6%	6.7%	5.4%
Carrying out interviews with young people if they have returned home after being reported missing to the Police	18.4%	25.5%	34.5%	27.8%	27.8%	34.2%
Helping families where neglect is suspected	8.2%	5.9%	1.1%	4.3%	2.9%	3.1%
Street and community-based work with young people	32.7%	21.6%	26.4%	26.7%	27.5%	26.9%
Support to address conflict within families	12.2%	15.7%	9.2%	11.8%	11.9%	12.8%
Support to improve family relationships	16.3%	17.6%	14.9%	16.0%	16.0%	13.9%
Support to improve school attendance	44.9%	47.1%	34.5%	40.6%	42.8%	39.2%
Support preparing families for the birth of a child	28.6%	29.4%	24.1%	26.7%	31.7%	30.9%
Running sessions for parents of children aged 0-5 on child development, school readiness and parenting	14.3%	23.5%	14.9%	17.1%	17.9%	19.3%
<b>Total</b>	<b>49</b>	<b>51</b>	<b>87</b>	<b>36</b>	<b>586</b>	<b>2027</b>

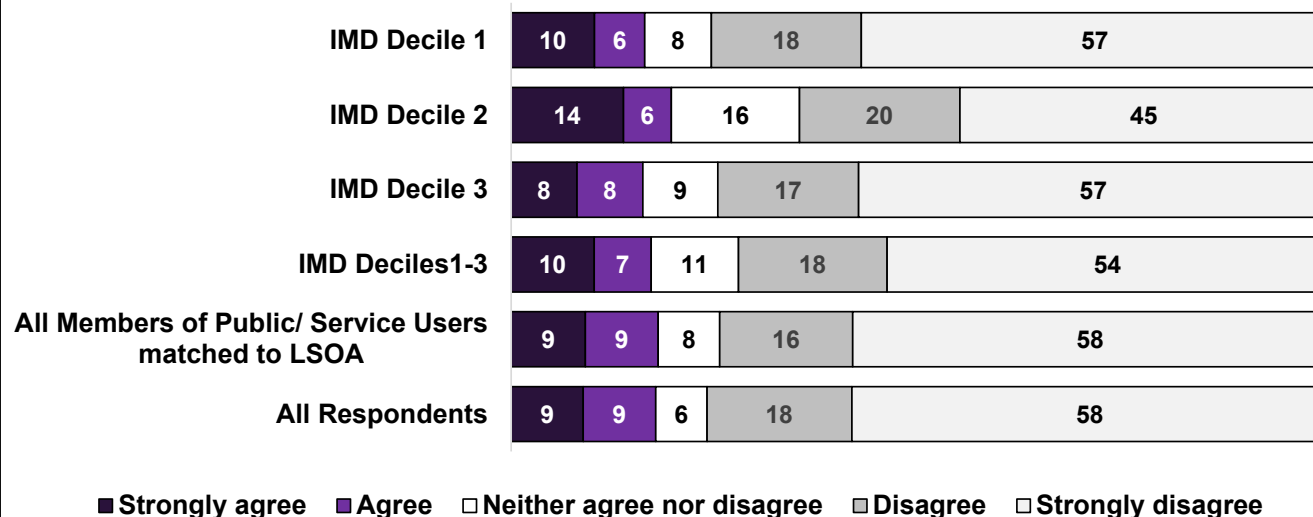
- The above table shows there was some variation in the answers for members of the public/service users in deciles 1 – 3 in terms of listing the top three least important services.
- ‘Support to improve school attendance’ (between 39.2% and 47.1%) and ‘Support preparing families for the birth of a child’ (between 24.1% and 31.7%) were deemed least important for most decile groups.
- Carrying out interviews with young people if they have returned home after being reported missing to the Police was also listed as least important for all groups except members of the public/service users in decile 1.
- Street and community-based work with young people was in the top three least important services for decile 1 (32.7%) and the combined deciles 1-3 (26.7%).



- Lead professionals leading a Team Around the Family was listed in the top three least important functions for members of the public/service users in decile 3 (27.6%).

**Q4: To what extent do you agree or disagree with the proposal for the council to only provide those services that we are legally required to, and to also provide direct and practical help for families in Derbyshire?**

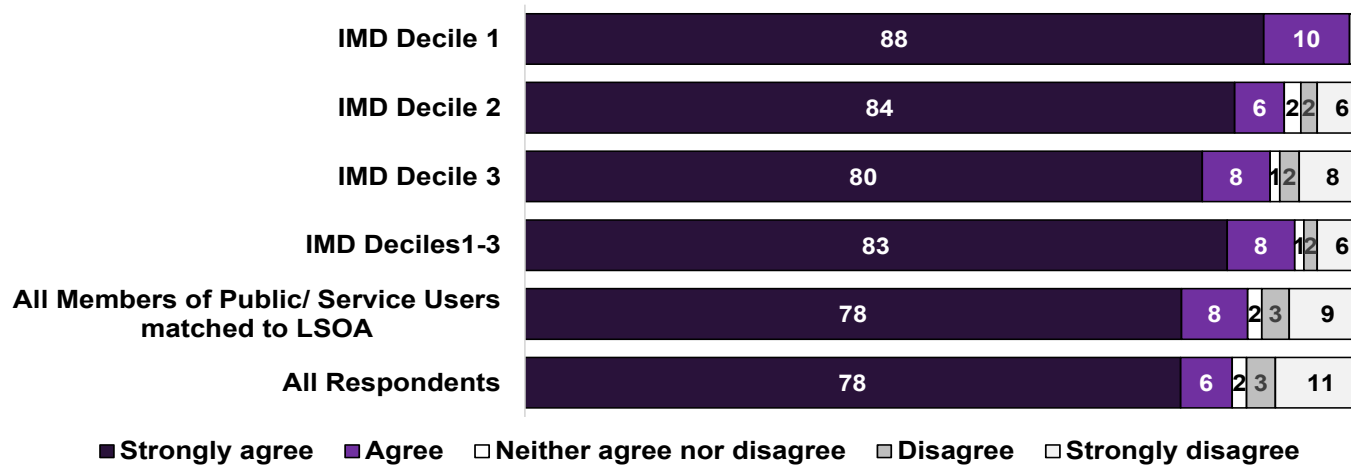
**Q4: To what extent do you agree or disagree with the proposal for the council to only provide those services that we are legally required to, and to also provide direct and practical help for families in Derbyshire? Percentage breakdown of data for Members**



- The graph above shows that high proportions of all respondents said they strongly disagreed or disagreed with the proposal for the council to only provide those services they are legally required to, and to also provide direct and practical help for families in Derbyshire (76% for all respondents).
- For all members of the public/services users matched to an LSOA, the percentage was slightly higher at 74%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage gradually increases to 75% of respondents in decile 1.

**Q5: To what extent to you agree or disagree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?**

**Q5 :To what extent to you agree or disagree that stopping some of these services could affect the well-being and support available to children and families in Derbyshire? Percentage breakdown of data for Members of the public/service users living in LSOAs**



- The graph above shows that 84% of all respondents said they strongly agreed or agreed with the proposal that stopping some of these services could affect the well-being and support available to children and families in Derbyshire?
- For all members of the public/services users matched to an LSOA, the percentage was slightly higher at 86%, and you as you move through the deciles from 3 to 1 (most deprived) this percentage tends to rise to a high of 98% of respondents in decile 1.

Information about people completing the consultation.

**Q6: Are you answering this questionnaire as a (please tick all that apply)**

<b>Answer</b>	<b>No</b>	<b>%</b>
Current or previous user of these services, including a young person	356	17.6%
Member of the public	833	41.1%
Education professional	425	21.0%
Health professional	274	13.5%
Social care professional	234	11.5%
Other professional working with children	254	12.5%
Other	128	6.3%
<b>Total</b>	<b>2027</b>	

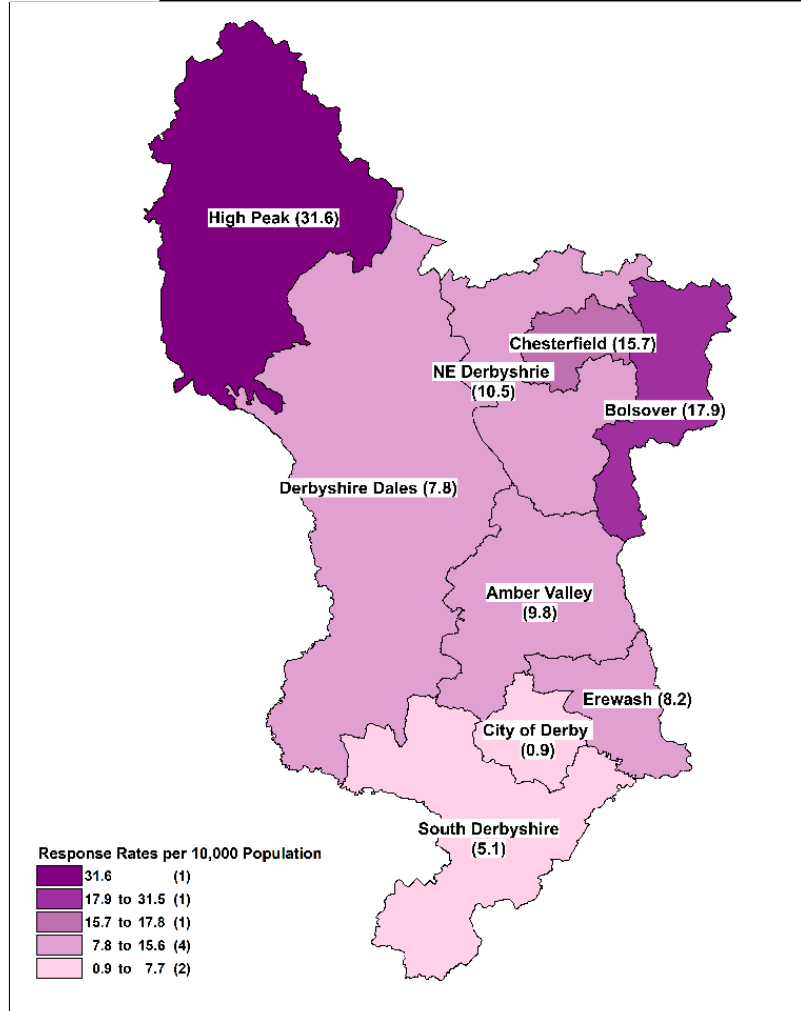
- The largest groups to respond to the survey were members of the public 41.1% and Education professionals 21%.
- Note, if you add up all the answers they will exceed 2027 responses because people could choose more than one category when answering this question.

**Q8: Postcode Data matched to District and City Council areas.**

Question 8 asked people to provide us with a postcode. 52.3% of respondents gave us postcodes enabling us to match them to a Derbyshire District or Derby City Council. The map overleaf shows the rate of responses per 10,000 people in each area. This allows to compare responses within each area whilst making allowances for the fact that base population is different in different districts.

High Peak has the highest response per 10,000 people in the population at 31.6, followed by Bolsover at 17.9 and Chesterfield at 15.7.

### 2024 Early Help/Children's Centre Consultation - Responses by District Council Area



Response Rates per 10,000 Population

- 31.6 (1)
- 17.9 to 31.5 (1)
- 15.7 to 17.8 (1)
- 7.8 to 15.6 (4)
- 0.9 to 7.7 (2)



Please detail the sources for the above information

The information has been sourced from the Mosaic case recording system on interventions provided to children, young people and families across Derbyshire during 2023. Management Information have undertaken an analysis of the responses and feedback from the public consultation.

Is consultation planned/ has consultation take place? If Yes, what is this telling us about the likely impact on the protected characteristic and other communities/ groups etc.?

A 6-week public consultation was launched on 12 February 2024 (ending on 24 March 2024). Partner organisations were also encouraged to contribute to the consultation.

There were 2,027 responses to the consultation – the highest ever for a consultation in Children’s Services.

88% of respondents were female, with 100% responding that their gender was the same as registered at birth.

10% of respondents described themselves as disabled.

95% of respondents described their ethnicity as White British, 2% other white background, 1% mixed or multiple ethnic groups, 1% Asian or Asian British, 0% (though 6 respondents) Black, Black British Caribbean or African, and 1% other.

94% of respondents described themselves as straight / heterosexual, 2% as gay/lesbian, 3% as bisexual and 1% as other.

If there is insufficient information to determine likely impact, what information is needed and how will it be obtained in the future?

### Part 3. Analysing and assessing the impact by equality Protected Characteristic group

Use the information, customer feedback and other evidence to determine upon whom the policy/ service and any proposed changes will impact upon and how, highlighting where these have a negative, positive or no impact, including where this could constitute unfair treatment, limit access, or result in additional inequality or disadvantage, hardship, or exclusion.

For any identified negative potential impact, you must provide details of any action or options which could mitigate against this, and in serious cases, you should highlight where the Council would be advised not to proceed with a new or changing policy or service, including any proposals which are being considered.

Please use your action plan towards the rear of this document to record the action and the monitoring that will take place to deliver or identify appropriate mitigation.

<b><i>Protected Characteristic or Group</i></b>	<b><i>Positive impact</i></b>	<b><i>Negative impact</i></b>	<b><i>No impact</i></b>
<b>All protected characteristics</b>		Negative impact	
(Please describe)	The proposal to reduce funding for Early Help and Children's Centres will generally have a negative impact on most of the protected characteristic groups.		
<b>Age</b>		Negative impact.	
(Please describe)	Young people aged 0-18 will be adversely impacted by the proposal to reduce funding for Early Help and Children's Centre services. The data on page 6 shows that on average 76.2% of		

<b>Protected Characteristic or Group</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>No impact</b>
	<p>interventions delivered by Early Help and Children's centres have been to children aged 0-18 (the remaining percentage to people over 18 including parents and carers).</p> <p>There were 2,027 responses to the public – the top three age groups in terms of responses to the consultation were people aged 26 to 35 (20.2%), people aged 36 to 50 (38.9%), and people aged 51 to 60 (19.5%).</p>		
<b>Disability</b>		Negative impact.	
(Please describe)	<p>The proportion of people with a disability who have received an intervention from Early Help and Children's Centres in 2023 is 4.2% - this is in the context that the percentage of people classed as disabled in the UK in the 2021 census was 17.8%. However, children with disabilities who also have complex needs are more likely to have their needs met by the Children with Disabilities service.</p> <p>9.4% of 2,027 respondents to the public consultation described themselves as disabled (9.2% did not provide a response).</p>		
<b>Gender re-assignment</b>			No impact
(Please describe)			
<b>Marriage &amp; civil partnership<sup>1</sup></b>			No impact
(Please describe)			
<b>Pregnancy &amp; maternity</b>		Negative impact	

<sup>1</sup> Under EA 2010 – someone in a CP must not be treated less favourably than a married person

<b>Protected Characteristic or Group</b>	<b>Positive impact</b>	<b>Negative impact</b>	<b>No impact</b>
(Please describe)	Children's Centres and Early Help provide targeted family support to pregnant mothers and families with new born children, so there would be a negative impact on this group.		
<b>Race &amp; ethnicity</b>		Negative impact	
(Please describe)	White British children, young people and families will be adversely impacted by the proposals to reduce funding for Early Help and Children's Centres. On average, 85.8% of people who have received an intervention from Early Help and Children's Centres are recorded on the Mosaic case recording system as White British. In relation to ethnicities other than White British, people in Erewash and South Derbyshire will be most adversely impacted by the proposals. 87.6% of respondents to the public consultation described themselves as White British.		
<b>Religion/ belief<sup>2</sup></b>			No impact
(Please describe)			
<b>Sex or gender<sup>3</sup></b>		Negative impact	
(Please describe)	Overall, 51.9% of people received an intervention from Early Help and Children's Centres are female. However, in Erewash this is 55.2% - so female in Erewash will be the most impacted.  81.2% of respondents to the public consultation were female.		
<b>Sexual orientation</b>		Negative impact	
(Please describe)	Whilst we do not capture data around the sexual orientation of the people who are supported by Early Help and Children's Centres, the Early Help Practitioners across Derbyshire provide support to young people around their sexual identity and therefore there would be a negative impact this group.		

<sup>2</sup> Under EA 2010 – must also consider non-religious belief

<sup>3</sup> Sex and gender can be used at different times depending upon whether you are referring to the EA 2010 and the different duties which exist



<b><i>Protected Characteristic or Group</i></b>	<b><i>Positive impact</i></b>	<b><i>Negative impact</i></b>	<b><i>No impact</i></b>
<b>Human Rights</b>		Negative impact	
(Please describe)	Article 8 of the Human Rights Act 1998 protects individuals' right to respect for a family life. The reduction in services and support currently provided by Early Help and Children's Centres may adversely impact on this.		
<b>Armed Forces personnel/ households</b>			No impact
(Please describe)			
<b>Users of British Sign Languages</b>			No impact
(Please describe)			
<b>DCC Employees</b>		Negative impact	
(Please describe)	There are likely to be a large number of job losses affecting DCC employees – an EIA relating to this group has been developed for the Executive Director report on staffing.		
<b>Community and Voluntary sector organisations working with protected characteristic groups</b>		Negative impact	
(Please describe)	Community and voluntary sector organisations working with LGBTQI+ young people will be adversely impacted by the proposals to reduce funding in Early Help and Children's Centres as they will potentially need to support more young people.		
<b>Socio-economic/ financial inclusion/</b>		Negative impact	

<b><i>Protected Characteristic or Group</i></b>	<b><i>Positive impact</i></b>	<b><i>Negative impact</i></b>	<b><i>No impact</i></b>
<b>deprived communities/ Thriving communities</b>			
(Please describe)	As set out earlier, the great majority of interventions provided by Early Help and Children's Centres are in the most deprived wards in the County.		
<b>Carers (Unpaid and paid)</b>			No impact
(Please describe)			
<b>Other, please state</b>			N/a
(Please describe)			

#### **Part 4. Summary of main findings**

Overall, the proposal to reduce funding for Early Help and Children's Centres will have a negative impact on specific protected characteristics or groups.

Age – young people aged 0-18 will be adversely impacted as the level of service and support available to them would be reduced if the proposals are agreed.

Disability – 4.2% of users of the service (who have received an intervention in the last year) are disabled.

Pregnancy and maternity – proposals to reduce funding for Children's Centres will mean a reduction in the level of support available to support pregnancy and maternity, so this is a negative impact.

Race & ethnicity – there would be a significant negative impact on White British users of the service. Currently just under 86% of users of the service describe themselves as White British.

Deprived communities – as set out earlier, in some localities the level support provided by the teams to areas of deprivation can be as high as 86% (Chesterfield). Only High Peak and South Dales and South Derbyshire provide more support to areas that are not defined as areas of deprivation.

Sex and gender – there would be a negative impact on women and girls as 51% of users of the service are female (rising to 55% in Erewash).

Sexual orientation – there would be a negative impact on young people who identify as LGBTQI+ as the support currently available from the Early Help Practitioners (Youth) and the support from the Youth and Community Engagement Workers (in working with community groups) would no longer be available.

It is important to state that a positive impact of the proposals for persons with protected characteristics is that the proposal to reduce funding for Early Help and Children's Centres will enable the local authority to continue to provide statutory services and it would be anticipated that some of the recipients of statutory services would be persons with protected characteristics.

### **Are there any recommendations for changes to proposals?**

Yes, following on from the analysis of the EIA, concerns raised by from the public consultation, and feedback from the staff roadshows and partner engagement sessions, a number of revisions have been made to the service re-design allowing for more roles to support children, young people and families – and partner agencies.

## Part 5. Proposed Equality Action Plan

Please complete this Action Plan to outline any mitigation you intend to take.

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
Fewer resources to support young people.	The service re-design has taken account of the EIA and has now built in additional resources specifically to support young people – there will now be the roles of Youth Engagement Officer and also Family Help Assistant (Youth) – they will work with young people in group situations and will also provide guidance to connect them to appropriate employment, education and training opportunities.	This support has now been built into the proposed service re-design.	It is likely that the service will need to be reviewed within 3 years due to availability of long-term funding.
Fewer resources to support pregnancy and maternity.	The service re-design has taken account of the EIA and has built in additional resources specifically to support pregnancy and maternity needs. The funding available from Public Health will allow for workers to continue to	This support has now been built into the proposed service re-design.	It is likely that the service will need to be reviewed within 3 years due to availability of long term funding. Quarterly meetings will be held with Public Health to review the outcomes achieved on the 0-5 service.

Issue identified	Action required to reduce impact/ mitigate	Timescale and responsibility	Monitoring and review arrangements
	provide child development interventions, as well as being able to continue to work closely with colleagues in Social Care on pre-birth interventions.		

**Date and outcome of any Cabinet/ Cabinet Member or Council Report to which this was attached and their decision:**

## Checklist for EIA

Action/ checks	Date	Name
1 <sup>st</sup> draft agreed by		
Consultation completed and analysed		
2 <sup>nd</sup> draft agreed		
Forwarded to Policy & Research for comments/ advice		
Comments received from Policy & Research		
Forwarded to HR for comments/ advice		
Comments received from HR		
Forwarded to Legal Services for comments/ advice		
Comments received from Legal Services		
EIA revised in light of above (if applicable)		
Signed off by DMT/ Senior Officer/ CMT		
Authorised for Cabinet or another committee		
Uploaded to Derbyshire Democracy site – date of meeting		
Decision noted		

Final copy forwarded to Policy for uploading to website		
Monitoring and review after 6/12 months		