

**Meeting:** Cabinet  
**Date:** 4<sup>th</sup> March 2024  
**Classification:** Part 1  
**Key Decision:** Yes  
**Title of Report:** Future of Family Centres – Outcome of Consultation and Recommendations

**Executive Director:** Michael Marks, Exec Director for Children and Public Health  
**Report Author:** Krishna Ramkhelawon, Director of Public Health  
**Executive Councillor:** Councillor James Moyies, Cabinet Member of Public Health, Adult Social Care and Constitutional Affairs  
Councillor Helen Boyd, Cabinet Member for Children's Services, Education and Learning

## **1. Executive Summary**

- 1.1 At its meeting on 31<sup>st</sup> October 2023 Cabinet agreed to a statutory public consultation to review the current Family Centre offer.
- 1.2 The public consultation commenced on 14 December 2023 and concluded on 1<sup>st</sup> February 2024.
- 1.3 The detailed analysis of the public consultation is attached as Appendix 1.
- 1.4 There were 3 proposed models for the future delivery of Family Centres included in the public consultation document, captured on pages 5 and 6 of Appendix 1.
- 1.5 All the information from the public consultation has been reviewed and as a result a proposed new model for the Family Centre offer in Southend is proposed (referred to on page 28 of Appendix 1 under 'Recommendations...').
- 1.6 If agreed by Cabinet the costing for the proposed new model, will deliver a saving to the existing Family Centre budget of £350,000 per annum.

## **2. Recommendations**

### **It is recommended that Cabinet:**

- 2.1. Note the outcome of the public consultation which also engaged with delivery partners and local agencies, attached as Appendix 1.
- 2.2. Approve the proposed new Family Centre model captured in this report in sub-sections 3.12 to 3.19 and with more details in Appendix 1.
- 2.3. Note that if Cabinet approves recommendation 2 and the proposed new Family Centre offer, it will deliver an efficiency of £350,000 against the Family Centre budget.

### **3. Background**

- 3.1. Parenting support and childhood development are the primary focus of the Family Centre service provision alongside related services from health and partner agencies. The current Family centre offer and service was brought back under the Council's remit in October 2021.
- 3.2. The service provides vital public health activities, including health-related clinics and approximately 32% Public Health Grant funding supporting these activities. The service management was transferred to the Public Health service area in March 2023 to review the current service model and good practice, in a bid to develop a service fit for the future and aligned to the new national Family Hub framework.
- 3.3. A seven weeks multi-faceted public consultation was undertaken, to inform the future configuration of the centres. 389 people took part and they either completed a survey (both online and paper copy), engaged in face-to-face/virtual sessions, emailed or called us.

#### **Current Family Centre Service Model**

- 3.4. As part of the wider Council review of services to help address the budget challenges it is facing, a public and partner agencies' consultation was initiated to review the current Family Centre offer. This followed the initial good practice review of the 9 Family Centre services, undertaken during autumn 2023, to ensure it delivers high quality services and positive outcomes to children under 5 and as efficiently as possible.
- 3.5. The good practice review – it reviewed other recently reconfigured Children Centres and Family Hubs services, with a number of LAs sharing key information on service specification, staff competency framework and approaches to service delivery. It identified a lack of consistency in service delivery, a lack of a service specification following when the service was brought in-house and no staff competency framework to support workforce development and supervision.
- 3.6. Budget and service costs – The 2023/24 budget for this service is £1.135M made up of a baseline General Fund budget of £0.771M and Public health grant of £0.364M. The split in costs allocation is:

- 3.6.1. Frontline staff of £0.445M;
- 3.6.2. Management/administrative staff of £0.460M;
- 3.6.3. Premises, Supply and Services cost of £0.228M.

#### **3.7. Public Consultation – the process, outcome, and recommendations**

- 3.8. 389 people responded to the consultation (see pages 7 and 8 of Appendix 1) using the online or paper survey, by attending a face-to-face or virtual session or by email with one person feeding back on the phone.
- 3.9. A total of 201(68.4%) out of 295 participants who responded to these questions, either favoured or were neutral to option 1 or 2. Respondents covered the breadth of Southend and appendix 1 provides a clear summary of the key demographics which include the protected characteristics under our Public Sector Equality Duty (see pages 8 to 11).
- 3.10. A thematic analysis of all feedback was undertaken and the following areas were highlighted as key outcomes to inform the recommendation on the proposed new model of delivery:

- 3.10.1. Retaining local centres that are readily accessible and that will minimise the impact of travel and challenges with parking;
- 3.10.2. Increased provision of core family centre activities that would allow wider access, and delivered at times that are most convenient for users (e.g. after school drop offs or before pick-up times);
- 3.10.3. Review the best approach to deliver health-related activities such as 'as group sessions' and across more centres;
- 3.10.4. Improve the marketing of all services on offer at each and not just the Council-run family centre services and modernise the booking system and data capture for service utilisation;
- 3.10.5. Consider how to support local community groups to still make use of the centres as well as exploring new ways to ensure more financially sustainable activities for 'funday days' including Christmas and summer holidays – fundraising events and donations were suggested.

### **Proposed New Model of Service Delivery**

- 3.11. We are looking to retain 8 centres including 3 as core centres. More key activities will be delivered closer to home, supporting a better start in life and early years development with core centres operating at a locality level (proposed opening times – Monday to Friday, 08:30 – 16:00 ).
- 3.12. Other centres will have varied opening times based on local needs and with dedicated times best suited for the local community. Other partner agencies' activities, including those advised by participants such as support people with neurodivergent needs will also be running at the most appropriate centres.
- 3.13. A revised service outline is proposed which will help achieve all of the recommendations in paragraph 3.10. This will include increasing key childhood development and parenting support activities – (please see appendix Z6 attached in Appendix 1) that will support early intervention prevention with children under 5.
- 3.14. A new service specification is being developed to reflect national good practice, better integration between health, care and education services and providing a safer family support service delivery with the introduction of staff competence framework.
- 3.15. A digital information and reporting task and finish group has been initiated to explore how we implement new data capture system and internal linkage as well as improvements to our booking system.
- 3.16. By implementing the above actions (3.11 to 3.15), we aim to deliver a consistent, safe, and enhanced service offer that will be more efficient and better marketed.
- 3.17. Proposed budget envelope and service costs – The total budget for this service is £0.785M made up of a baseline budget of £0.421M and Public health grant of £0.364M (retained at current funded level). The split in costs allocation is:
  - 3.17.1. Frontline staff of £0.388M;
  - 3.17.2. Management/administrative staff of £0.213M;
  - 3.17.3. Overheads cost of £0.183M;

#### **4. Reasons for Decisions**

- 4.1. By reconfiguring this service now, we will have a service offer that delivers good public health and early years foundation outcomes, as part of an early intervention and prevention agenda to under 5s, as efficiently as possible.
- 4.2. The feedback received from the consultation was very constructive and highlighted how a hybrid approach between the two main options (referred to as Option 1 and Option 2 in the attached report).
- 4.3. We are therefore, proposing a revised service configuration, retaining the use of 8 of the original 9 centres, with a proposed outline of the service offer (please see Appendix Z6).

#### **5. Other Options**

- 5.1. Three options were outlined, including an option with 'no change' and this paper outlines the outcome of the consultation and how this has informed how we restructure the new service.

#### **6. Financial Implications**

- 6.1. The financial implications are as presented in this paper which will achieve £350,000 savings per annum.

#### **7. Legal Implications**

- 7.1. There is a statutory requirement to consult under Section 5D of the Childcare Act 2006 before ceasing to provide a children's centre and before making any significant change to the services they provide.
- 7.2. The Public Sector Equality Duty (PSED), {Section 149 Equality Act 2010}, is to be considered before making decision when considering the responses to the consultation and the effect of the decision on others. If a decision affects those with protected characteristics under the Equality Act 2010, due regard must be had to the PSED.

#### **8. Policy Context**

- 8.1. Delivery of Children's Centre related activities as stipulated in a Grant Funding Agreement entered into by SCC and the Department for Education in 2006 (detailed in section 6.5 of this report).

#### **9. Carbon Impact**

- 9.1. No change

#### **10. Equalities**

- 10.1. The original Equality Impact Assessment (EIA) highlighted key areas to focus on this public consultation. This EIA has now been refreshed to cater for the conclusion of this consultation and this is available on request.
- 10.2. We acknowledge that 'gender reassignment', 'care experience' and 'veterans' are known protected groups that are difficult to evidence, which is a national concern.
- 10.3. With regards to 'race', 'disability', 'socio-economic' and 'carers', the information collected from our engagement, indicated a proportional representation.

## 11. Consultation

- 11.1. For this consultation, we took the following approach:
- 11.1.1. Online survey questionnaire, including digital Easy-read format
  - 11.1.2. Paper survey questionnaires with Easy-read format, distributed to all libraries, some GP surgeries, all family centres and through the Health Visiting team
  - 11.1.3. QR code shared online, and through the school and Early Years learning network
  - 11.1.4. Face-to-face facilitated sessions in family centres
  - 11.1.5. Video-call sessions for public and partner agencies
  - 11.1.6. Phone line and dedicated email


## 12. Appendices

- 12.1. **Appendix 1**: Report



Family Centres  
Report on Consultatic

## 13. Report Authorisation

This report has been approved for publication by:			
	Name:	Signature	Date:
S151 Officer	Joe Chesterton	Signed off by email dated 12.02.24	12.02.24
Monitoring Officer	Kim Sawyer	Signed off by email dated 12.02.24	12.02.24
Executive Director(s)	Michael Marks		12.02.24
Relevant Cabinet Member(s)	Cllr J Moyies	Signed off by email dated 12.02.24	12.02.24
	Cllr H Boyd	Signed off by email dated 11.02.24	