

Appendix A
London Borough of Tower Hamlets
Integrated Early Years' Service Transformation
End of Consultation Report
August 2016

1.0. Executive summary

- 1.1 This paper contains the broad principles derived from the findings of the recent public consultation on the transformation of the Integrated Early Years' Service (IEYS).
- 1.2 This report provides an analysis of the 31-day public consultation embarked upon by Tower Hamlets Council on the transformation of the Integrated Early Years' Service (IEYS).
- 1.3 The public consultation was held between 20 July and 20 August 2016. The consultation covered a broad range of challenges faced by the Council's Early Years' Services (Early Years Service, Children's Centre Service, LA Day Nursery Service) particularly around reduced budgets and service improvement requirements in line with OFSTED recommendations.
- 1.4 The aim of the consultation was primarily for service users to comment on the council's proposals to improve the IEYS budget in response to savings agreed in 2015 and reduced government grants in 2017.
- 1.5 Based on the postcodes supplied by respondents during the online survey, 45% of total respondents were in the top 10% most deprived Lower Area Super Output Area¹ (LSOAs) in Tower Hamlets Borough.

2.0. Background

- 3.1 The IEYS is part of Tower Hamlets Children's Services department and consists of teams which provide a range of statutory support services to children and families directly and indirectly across Tower Hamlets. Some of these services are governed by the Childcare Act while others are governed by the Children and Families and the Education Acts.
- 3.2 These services must also conform to the Statutory Framework for the Early Years Foundation Stage in terms of the curriculum for birth to five and its assessment. Note that additional statutory national assessment

¹ A [Lower Layer Super Output Area \(LSOA\)](#) is a geographic area. Lower layer Super Output Areas are a geographic hierarchy designed by the Office for National Statistics (ONS) to improve the reporting of small area statistics in England and Wales. They are built from groups of contiguous output areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas.. The Minimum population is 1000 and the mean is 1500. There is an LSOA for each postcode in England and Wales. A pseudo code is available for Scotland, Northern Ireland, Channel Islands and the Isle of Man. The [Organisation Data Service](#) publish files created on their behalf by the [Office for National Statistics](#), which link postcodes to LSOAs. The LSOA level 1 is the geography at which the various Indices of Deprivation are estimated and published. Liverpool, Middlesbrough, Manchester, Knowsley, the City of Kingston-upon Hull, Hackney and Tower Hamlets are the local authorities with the highest proportion of LSOAs amongst the most deprived in England. The Indices of Deprivation (IDACI) measures relative levels of deprivation in small areas of England (LSOAs).

requirements apply at age five: for most children this is the end of the Reception Year in schools. This area is also the responsibility of the IEYS.

- 3.3 This legislation focuses on quality and outcomes for children and families. Local authorities are required to ensure the services described are provided. Delivery models chosen may differ. Improving health and education outcomes by age five is of particular importance to Tower Hamlets as the 2015 health profile shows that deprivation in Tower Hamlets is higher than average and about 37.9% (19,800) children live in poverty. Children born in Tower Hamlets therefore have the lowest starting point of any children nationally.
- 3.4 Over the years, the IEYS services have worked to improve the life chances of children from deprived backgrounds through early support, early intervention, person centred planning and facilitating integrated services with health and public health practitioners. The IEYS also supports private childcare businesses and schools in meeting national standards for quality, and child outcomes from birth to five. SEND and inclusion support for childcare settings is also provided by the IEYS. Such support for schools is provided through the SEN services associated with primary schools.
- 3.5 This provision has been made available from 12 Children's Centres as well as a range of delivery sites across the borough. The number of sites varies depending on the time of year as this affects parental demand.
- 3.6 All 12 Children's Centres (some of which have multiple sites) serve as a location for residents to access social, health and public health services such as family support services; family nurse partnership; health visitors; mid-wife services, education psychology and third party and LA run and independent daycare centres and sessional care.
- 3.7 The public were consulted on the approaches (outlined below) to deliver £4.3m savings agreed as part of the Medium Term Financial Strategy agreed in 2015, as well as bring about a more integrated and efficient delivery model for children and families from birth to 11 year olds. This project is one of the transformation projects agreed by elected members for the delivery of savings from 2016/17.

3.0. Proposals consulted on

Residents, service users and stakeholders were consulted on the following:

- 4.1 Approach to deliver savings by reducing staff across the Integrated Early Years' Service.
- 4.2 Approach to re-shape services in response to need by redirecting investment to areas of greater need.

- 4.3 Approach for Children's Centres to work more closely with schools and Early Years Childcare Businesses.
- 4.4 Comment on possible impact on childcare provision (sufficiency and quality) and early years' support for schools of any changes to support from the IEYS.
- 4.5 Comment in order of priority the range and location of services offered in Tower Hamlets Children Centres.
- 4.6 Suggestions on alternative approaches that can deliver savings within the required timeframe.

5.0 Methodology:

5.1 Consultation Media:

- 5.1.1 The IEYS Public Consultation was launched on 20 July 2016, following the approval of the communication materials by Tower Hamlets' Communications team and the Learning and Development Service Head. Residents were encouraged to interact via the council's website, posters at Tower Hamlets Town Hall, Mulberry Place, Children's Centres, social media and via text messages to take part in the consultation events and online questionnaire.

5.2 Trade Union Engagement:

- 5.2.1 The IEYS is keen to engage fully with both resident and staff representatives, as a result Council's Trade Union representatives were invited to a meeting with the Service Head and Service Lead on Wednesday 13 July 2016. The meeting was a courtesy meeting to inform Trade Union reps on the approach being considered by the council regarding early years services delivered by the IEYS.

5.3 Staff Engagement:

- 5.3.1 So that staff were fully aware of the approaches being considered by the council, 20 senior IEYS managers were invited to a managers' briefing meeting on Friday 15 July 2016 prior to the launch of the Public Consultation.
- 5.3.2 The aim of this meeting was to share the principles being put forward for public consultation. The meeting was led by the Service Head and Service Lead who delivered the briefing and answered questions from managers and directed managers to cascade the information to their staff.

5.4 Tower Hamlets intranet

- 5.4.1 The Public Consultation was made available on the front banner of the council's intranet, so that residents of Tower Hamlets had an opportunity to be part of the public consultation.

5.5 Consultation Events

5.5.1 12 events were organised across the borough to give residents a chance to engage and ask questions face-to-face with the Service Head (where possible), Service Lead and Deputy Lead. Events were scheduled and located to achieve the best reach for service users, stakeholders and partners.

Table 1: Consultation Events

Service User Event			
Children Centre	Date	Time	Location / address
Ocean	22-Jul-16	09:30am	Whitehorse Road E1 0ND
Isle of Dogs	25-Jul-16	09:30am	Millwall Park Stebondale Street E14 3BX
Around Poplar & Chrisp Str.	25-Jul-16	1:00pm	23-27 Market Way; E14 6AH
Meath Gardens and Mowlem	26-Jul-16	09:30am	1 Smart Street, E2 0SN
Overland	26-Jul-16	1:00pm	60 Parnell Road, E3 2RU
John Smith & Collingwood	27-Jul-16	1:00pm	90 Stepney Way, E1 2EN
Mile End and Marner	28-Jul-16	09:30am	9 Bede Square, Joseph Street, E3 4GY
Wapping	28-Jul-16	1:00pm	15 Chandler Street, E1W 2QL
Stakeholder Events			
Stakeholders	Date	Time	Location / address
Partners	29-Jul-16	09:30am	PDC, 229 Bethnal Green Road, E2 6AB
Partners	29-Jul-16	1:00pm	PDC, 229 Bethnal Green Road, E2 6AB
Residents	01-Aug-16	1:00pm	PDC, 229 Bethnal Green Road, E2 6AB
Residents	10-Aug-16	06:00pm	1 Smart Street, E2 0SN

5.5.2 During consultation events the Service Head, the Service Lead and Deputy Lead took attendees through a presentation highlighting the background to the IEYS transformation and the proposed approaches for service improvement. The same presentation and handouts were used at every meeting.

5.5.3 Attendees were given the opportunity to ask questions and make suggestions. At the end of each session, attendees were asked to carry out an exercise to place services (Health, Employment, Education and Family Support) provided from Children's Centres in order of priority.

5.6 Parent's events

5.6.1 As shown in table 1, eight events were specifically targeted at service users and parents who attend Children's Centres during normal hours of operation and crèche facilities made available.

5.7 Stakeholder consultation events

5.7.1 Two consultation events each divided into two sessions were targeted at stakeholders and partners to give their views on the council's proposals and what impact this may have on their service delivery.

5.7.2 One of the initial comments from the first stakeholder consultation event was the suggestion that the questionnaire was more focused on parents and service users and less on stakeholders and partners. A separate non-statutory stakeholder consultation was held, with a closing date of 30 September 2016 at the request of head teachers. This will give the opportunity for stakeholder views to be heard (Appendix E). The findings from this consultation, although not statutorily required, will be made available upon completion of the stakeholder consultation period.

5.8 Social media

5.8.1 The public consultation was advertised through social media networks including Facebook and Twitter in order to reach to generate the widest public interest in the proposals made. This medium was targeted at audiences who prefer the use of social media.

5.9 Posters and Leaflets at Children Centres

Posters and leaflets were made available at Children Centres to get the attention of service users who visited Children Centres during the 31-day Consultation period.

6.0 Questionnaire:

6.1 Online survey

6.1.1 Questionnaires were made available to residents, parents and service users through an online survey. This is the recommended method and was adopted to ensure that responses were collected and managed in a consistent way for all respondents.

6.1.2 Respondents were asked fifteen multiple-choice questions and two free text questions to give the best opportunity for meaningful feedback from residents on the proposals.

6.2 Children's Centre Paper Surveys:

5.1 There was recognition that not all service users have access to the internet to fill in the online survey as a result, paper copies of surveys were made available at Children's Centres to be filled in by service users manually. These surveys were inputted electronically by staff to form part of the analysis provided in this report. Staff offered to translate information if requested. At some meetings, the event was held in two languages with instantaneous translations.

6.3 Text Messages:

6.3.1 In the month of July 17,000 text messages were sent out to service users. These were to encourage service users to make their views known on the council’s proposals.

7.0 Feedback and analysis of Face to Face consultation events

7.1 A total of 188 people attended the twelve events, of which 73% were made up of parents and 27% were other partners and stakeholder including health partners, community groups and third sector organisations.

7.2 At the end of each event, attendees were required to carry out an exercise based on question 14 of the online survey. Attendees were asked to prioritise the delivery of services through at Children Centres by category – health, employment, education, and family support.

7.3 The results of this exercise were are shown in table 2 below:

	Health	Employment	Education	Family Support
All Parents	22%	13%	40%	24%
All Stakeholders	31%	13%	31%	25%
Total	24%	13%	39%	24%

Table 2: Service preferences indicated by attendees at consultation events

7.4 This exercise demonstrated that both parents and stakeholders want Children’s Centres to continue to make education a major focus. Of the 12 events that were conducted, only two (Isle of Dogs and Stakeholder afternoon meeting) did not return a response stating that education was the highest priority.

7.5 Employment was consistently deemed the least necessary component of the offer; only two sessions awarded it anything other than the lowest overall priority (Chrip Street & Around Poplar and Ocean). This remains a high council priority however.

7.6 Health and Family Support enjoyed very similar levels of approval – Family Support was rated more highly than Health in 7 of the 10 sessions, and received a slight edge in the overall number of positive responses.

7.7 Analysis

7.7.1 The responses from face to face events show that residents and stakeholders would prefer the delivery of services to continue to focus on educational outcomes for children, while not neglecting health or family support.

7.7.2 Employment outcomes (which were explained as: support for out-of-work parents, ESOL and other skills training for parents, work experience, and volunteering) were given comparatively low-priority by attendees.

7.7.3 The council has taken a strategic decision to centralise professional driven employment services through the integrated Employment service. Current Children's Centre plans are aligned with this initiative.

8.0 Online survey outcomes

8.1 The numbers of responses were broadly in line with what was expected. To ensure the highest levels of accessibility, a wide range of channels were used including the offer of face-to-face support for all those requesting it.

8.2 The 31-day online questionnaire consisted of 17 questions and received 367 completed responses. 156 of these were completed by residents directly accessing the Tower Hamlets consultation page http://www.towerhamlets.gov.uk/lqnl/council_and_democracy/consultations/Early_Years_consultation.aspx (Appendix C) while others were completed using paper questionnaires made available at Children Centres.

8.3 For the purpose of this analysis, questions have been grouped into Usage; Impact of proposal and suggestions made on improvements.

8.4 Response on Usage (Questions 1-4):

8.4.1 Question 1: Do you currently use Children's Centre services?

	Count	Percentage
Yes	352	96%
No	11	3%
(blank)	4	1%
Grand Total	367	-

Table 3: Responses to question 1

8.4.2 Question 2: How often do you visit a Children's Centre in Tower Hamlets?

	Count	Percentage
Never	5	1%
Less than once a month	15	4%
Once a month	21	6%
Once a week	88	24%
Two or more times a week	229	62%
(blank)	9	3%
Grand Total	367	-

Table 4: Responses to question 2

8.4.3 Question 3: List which Children's Centres you use the most.

8.4.4 In question 3, respondents were given the opportunity to list multiple Centres. Table 5 and Table 6 show all the Children Centres and satellite sites that were listed by residents respectively.

8.4.5 On average, respondents listed fewer than 2 sites.

8.4.6 This question was analysed by giving each Centre an index score that is weighted by the position given in the response. Table 5 shows the index score based on the ranking of each Children's Centre to respondents. The higher the result, the higher it was placed in ranking where it was listed.

Centre	Index
<i>Marner</i>	5.64
<i>Isle of Dogs</i>	5.58
<i>John Smith</i>	5.49
<i>Mile End</i>	5.45
<i>Chrip</i>	5.41
<i>Meath</i>	5.39
<i>Wapping</i>	5.32
<i>Collingwood</i>	5.2
<i>Around Poplar</i>	5.16
<i>Overland</i>	5.08
<i>Ocean</i>	4.99
<i>Mowlem</i>	4.86

Table 5: Responses to question 3 (Children Centres)

8.4.7 Question 3 continued.

8.4.8 Table 6 shows an index score of community venues which were listed in response to question 3.

	Index
<i>Millwall</i>	5.99
<i>St Hildas</i>	5.77
<i>Bigland</i>	5.46
<i>Chandler St</i>	5.39

Victoria Park	5.05
Samuda Hall	4.79
St Matthias	4.79
Alpha Grove	4.49
Olga	3.99

Table 6: Responses to question 3 (Other delivery sites)

8.4.9 **Popularity of children centres as listed in question 3:**

8.4.10 Figure 1 shows the frequency with which each centre was listed by a responder, regardless of position.

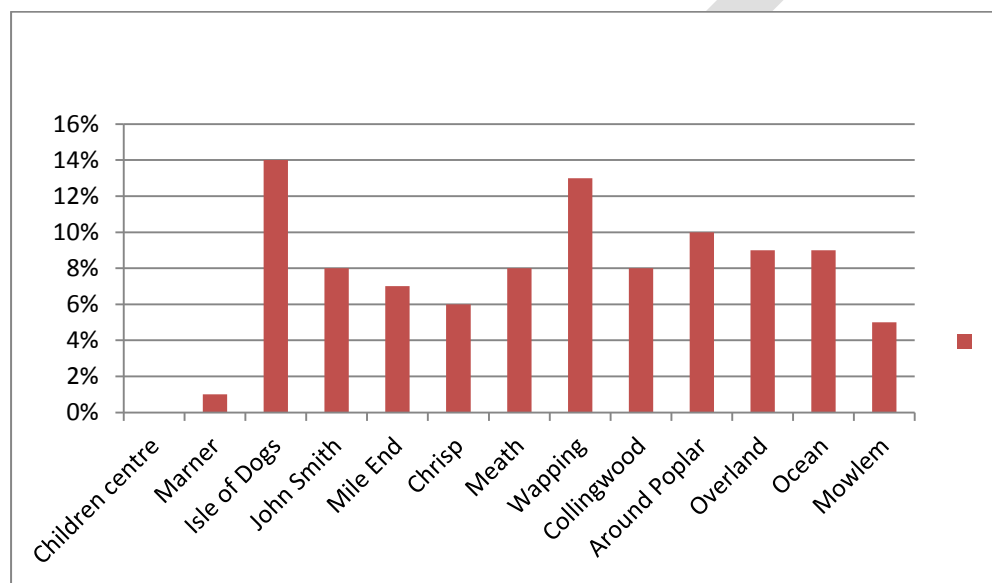


Figure 1: Percentage popularity for each children centre.

8.5 **Question 4: Which of the following activities does you or your child take part in?**

8.5.1 Respondents were permitted to choose as many options as were relevant when answering this question.

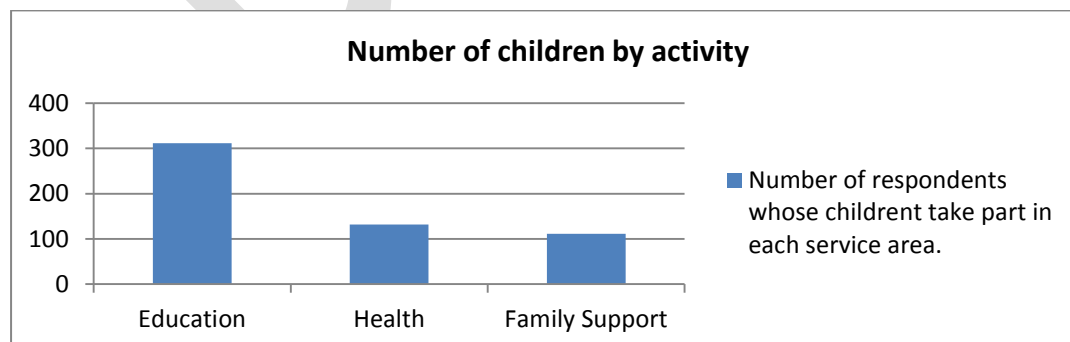


Figure 2: Number of respondents who said their child(ren) take part in Educational, Health and Family Support services.

8.6 **Analysis**

- 8.6.1 Figure 1 shows that the survey response is weighted somewhat towards Isle of Dogs, Wapping and Around Poplar, while Marnar and Mowlem are comparatively the least represented in this survey.
- 8.6.2 Marnar Children’s Centre was rated highly by its eight respondents, while Mowlem and Ocean are scored comparatively low.
- 8.6.3 Isle of Dogs is the one Centre that received both a large number of reviews and was comparatively highly rated.
- 8.6.4 It is worth noting that the Children’s Centre scores in table 5 include those community venues with which the children centres are primarily associated. Those scores are split out to generate those set out in table 6.
- 8.6.5 Figure 2 indicates that Education services are the most popular compared to Health, and Family Support Services.

8.7 Response on Impact of proposal (questions 5-10):

8.7.1 Question 5: What impact, if any, would the proposals have on you?

8.7.2 Respondents were given a single choice to this question.

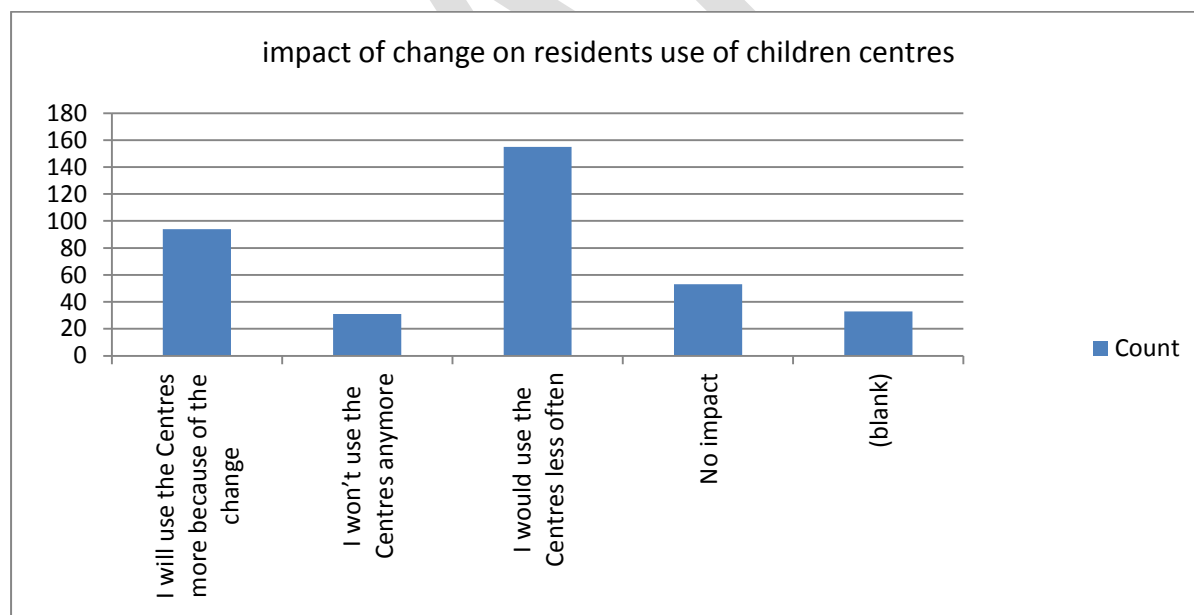


Figure 3: Question 5- Impact on respondent’s usage.

- 8.7.3 The number of blank responses was unusually high for this question. The reason for this is not clear, but a suggestion from one respondent indicates that the question did not give an adequate selection of answers to choose from.
- 8.7.4 For the respondents who did choose an option, it is clear that the majority feel that the proposals would mean that they will use the children centres less often.

8.7.5 Mitigation to this concern is that, if more services are provided from the Children’s Centres - particularly around health, which is the second service preference - users may be encouraged to use the Children’s Centres more.

8.7.6 Question 6: Do you think that extending the family support work we do for families up to the age of 11 would be helpful?

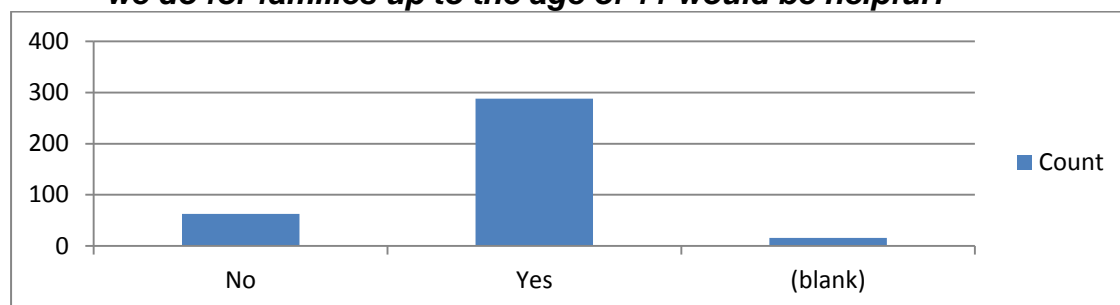


Figure 4: Question 6- Respondents view on extension of family support service.

8.7.7 Question 6 was a yes/no question for respondents to comment on whether the council should consider extending family support work to children which received a majority support in favour.

8.7.8 There was a clear indication that residents would like to see this service provided to older children.

8.7.9 This response, when cross-referenced with questions 1- 4 on usage (where respondent showed a preference for Education and Health over family support) may be an indication that family support is required more for older children; perhaps between 5 and 11.

8.7.10 Question 7: How long does it currently take to get to your nearest Children’s Centre?

	Count	Percentage
10 minutes	271	74%
15 minutes	61	17%
20 minutes	22	6%
30 minutes+	5	1%
(blank)	8	2%
Grand Total	367	-

Table 7: Question 7 current Travel time to Children centres.

8.7.11 About 74% of respondents currently travel to their nearest children centre in 10mins or less, with only 1% needing to travel for more than half an hour.

8.7.12 These responses are reflective of the relatively small geographical size (7.6sq miles) of Tower Hamlets as a borough.

8.7.13 Question 8: *What is the furthest that you would be prepared to travel to be able to access all of these services under one roof?*

	Count	Percentage
10 minutes	95	26%
15 minutes	107	29%
20 minutes	122	33%
30 minutes+	34	9%
(blank)	9	2%
Grand Total	367	-

Table 8: Question 8 Permissible travel time to access services.

8.7.14 The results from the question shows that 42% of residents will be prepared to travel up to 20mins.

8.7.15 When compared, question 7 and 8 show that although only 7% of respondents currently travel for 20mins or more to their nearest children centre. If services were provided under one roof, 42% would be prepared to travel 20mins or more.

8.7.16 9% of respondents are happy to travel for more than half an hour.

8.7.17 Question 9: *How important is distance travelled to you?*

	Count	Percentage
Not Relevant	12	8%
Not Important	28	3%
Very Important	317	86%
(blank)	10	3%
Grand Total	367	-

Table 9: Question 9- importance of Travel to respondents.

8.7.18 In this question, 86% of respondents have indicated that distance travelled is very important to them.

8.7.19 11% do not mind how far they travel for the right service. This proportion is consistent with question 8, where 9% of respondents have also indicated that they will be willing to travel 30mins or more.

8.7.20 Question 10: *How do you balance time travelled against the quality and range of services on offer?*

	Quality	Distance	Difference
1	7%	10%	+3%
2	9%	7%	-2%

3	13%	16%	+3%
4	20%	16%	-4%
5	41%	39%	-2%
Blank	11%	12%	+1%

Table 10: Question 10-Quality of service versus distance rating.

8.7.21 For this question, respondents were asked to rate quality of service and distance of travel on a scale of 1-5, where 5 was the most important to them and 1 was the least important. These scores were not required to be linked – a “5” in one field did not automatically infer a “1” in the other.

8.8 *Analysis*

8.8.1 On question 5, one respondent felt that the question did not give an adequate selection of answers to choose from and that the proposals and resultant cuts would have a huge impact.

8.8.2 At present, Tower Hamlets has 12 Centres for just over 7.6 Sq Miles or an average of 0.6 Sq miles per Centre. This is very high density by national standards, reflecting the relative density of the population in the Borough.

8.8.3 When compared to research on the average walking rate published by the British Heart Foundation of 3miles/ hour. 0.6m should be covered in just over 10mins.

8.8.4 From the analysis of responses made to questions 6-10, although the majority of respondent would prefer not to travel more than 15mins, 42% are prepared to travel up to 20mins for the opportunity to access multiple services under one roof.

8.8.5 When this is set in the context of the size of the borough, to national averages, and statistical neighbours, it would seem that there is currently an abundance of provision that can be achieved from concentrating services in twelve centres.

8.8.6 From question 10, distance of travel is perceived as important, but is considered marginally less important than a high-quality service.

8.9 *Further analysis of current distance versus maximum distance.*

8.9.1 In the table below, responses to question 7 (current distance of travel) is mapped against responses to question 8 (maximum distance of travel). Responses requiring a reduction in current travel distances are coloured red; responses requiring that travel distances be unchanged are yellow. Responses allowing that travel distances have room to increase are green.

Max Distance	Distance currently travelled				
		10 minutes	15 minutes	20 minutes	30 minutes+
10 minutes		89	3	1	1
15 minutes		83	20	2	1
20 minutes		74	30	17	
30 minutes+		20	8	2	3

Table 11: Comparison of response on current distance travelled versus distance willing to travel.

8.9.2 Only 8 respondents (2%) want journey times to be reduced, while 36% want there to be no change. 61% are prepared to accept some form of increase to journey times.

8.10 Suggestions on Improvement (questions 11-16):

8.10.1 **Question 11: Which of the following services at Children's Centre have you used in the last year?**

	Score	Percentage popularity
Health Visitor	164.5	71%
Midwife	112.25	57%
Educational Psychologist	113.5	54%
Childcare	138	62%
JobCentre Plus	66	43%
Speech Therapy	75.75	47%

Table 12: Question 11- Frequently-used Children's Centre services

8.10.2 In question 11, respondents were asked to prioritise six services with a numerical rank from 1-4, with 1 being their most-used service. This has been converted into a score for each service, with each top-ranked response being worth 1 point, each second-ranked response being worth 0.75, and so on.

8.10.3 Also included is the percentage popularity of respondents that ranked each service in any position.

8.10.6 Question 13: How satisfied would you be if you could access additional services at your Children's Centre?

	Count	Percentage
<i>Indifferent</i>	46	13%
<i>Not satisfied</i>	11	3%
<i>Satisfied</i>	85	23%
<i>Very satisfied</i>	206	56%
<i>(blank)</i>	19	5%
Grand Total	367	

Table 13: Question 13- level of satisfaction if respondents could access additional services at children centres.

8.10.7 From question 13, respondents have stated their desire for additional services at Children's Centres.

8.10.8 Notably, 13% are indifferent to the addition of more service services at Children's Centres.

8.10.9 Question 14: What is the most important service you access at your Children's Centre?

	Score	Percentage
<i>Health</i>	192.4	74%
<i>Employment</i>	93.8	48%
<i>Education</i>	305.8	89%
<i>Family Support</i>	179.9	73%

Table 14: Question 14- service priority.

8.10.10 This question complements the exercise that was carried out during the consultation events. The online questionnaire asked respondents to prioritise the services, however, while the consultation exercise did not. Some respondents may have answered in both forums, so the two datasets should not be combined, but may be considered in parallel.

8.10.11 Respondents were asked to prioritise four services with a numerical rank from 1-3, with 1 being their highest-prioritised service. This has been converted into a score for each service, with each top-ranked response being worth 1 point, each second-ranked response being worth 0.66, and so on.

8.10.12 Also included is the percentage of respondents that ranked each service in any position.

8.11 Analysis

8.11.1 In line with other outcomes to this consultation, health and education outcomes were the most frequently used, and were also deemed the most important by respondents. JobCentre Plus and Speech Therapy services were both lightly used and frequently low-rated by those who had used them.

8.11.2 The results from question 14 are consistent with the results that emerged from the public consultation sessions. Education was highly regarded in terms of both representation and positioning, while Employment services were comparatively poorly-regarded.

8.11.3 Question 15: Do you think that linking the Children’s Centres more closely with early years in schools and with private childcare businesses offering early education would benefit you and your family?

	Count	Percentage
Yes	239	65%
No	108	29%
(blank)	20	6%
Grand Total	367	-

Table 15: Question 15- service priority.

8.11.4 Question 16: Do you think that closer working across all early years services would help you access the services you need more effectively?

	Count	Percentage
Yes	267	73%
No	73	20%
(blank)	27	7%
Grand Total	367	-

9.0 Additional Comments:

9.1 Question 17: Further comments

9.1.1 This was a free-text entry field. 196 respondents provided feedback in this field. For the purpose of analyses, these responses have been grouped into the following themes:

- I. Neutral
- II. Positive
- III. Critical

9.2 Neutral

88 (45%) of the responses did not carry a clear sentiment regarding the respondent's attitude towards the changes.

9.3 Positive:

9.3.1 (2%) of the 196 responses to this question had a positive sentiment.

9.3.2 Responses ranged from a sense of satisfaction that everyone will get the right support, to that maximising council owned buildings outweighs rental of buildings.

9.3.3 There was also a comment that too many buildings makes it confusing to know where to go.

9.3.4 A caveat in this theme was that there are insufficient frontline staff to deliver quality services.

9.4 Critical

9.4.1 103 (53%) were hostile towards the idea of changing the service. Respondents were clear about their desire that children and families should receive all the help possible in the early stages of life.

9.4.2 Some respondents expressed disappointment with the cuts particularly in the context of the level of deprivation in the borough, and one respondent threatened not to use the centre anymore if staff were cut by 50%.

9.4.3 One respondent also makes clear that they voted the current administration on the basis that they supported children centres.

9.4.4 Respondents feared that the decision to cut funding to children centres is *appalling, absurd, short-sighted and violent. It will have far reaching detrimental effects on children, families and local communities.*

9.4.5 One respondent felt that the proposal needs to be reversed immediately stating- albeit inaccurate on savings figures that: *“Biggs manifesto said he would NOT make any cuts to children's services and he needs to be held accountable to this. Tower Hamlets had a surplus of 71 million pounds (March 2016 budget - Tower Hamlets website). There is no justification for cutting UNIVERSAL services for all children in the borough”.*

9.5 Other Themes

9.5.1 Most of the responses dealt with the proposals quite generally. However, a significant number (28, 15%) of responses specifically cited an individual Centre as being particularly excellent or worthy of protection. Those centres are as follows. The proportion of all responses to have mentioned each Centre in question 3 has been included for reference.

	Mentions	Percentage
<i>Around Poplar</i>	5 – <i>Around Poplar CC</i>	10%
<i>Chrisp</i>	0	6%
<i>Collingwood</i>	2 – <i>Collingwood CC</i>	8%
<i>Isle of Dogs</i>	3 – <i>Isle of Dogs CC</i> 2 – <i>Alpha Grove</i> 2 – <i>St Hildas</i> 2 – <i>Millwall Park</i> 1 – <i>Samuda Hall</i> 1 – <i>Mulberry and Bigland</i>	14%
<i>John Smith</i>	0	8%
<i>Marner</i>	1 – <i>Marner CC</i>	1%
<i>Meath</i>	0	8%
<i>Mile End</i>	0	7%
<i>Mowlem</i>	0	5%
<i>Ocean</i>	1 – <i>Ocean CC</i>	9%
<i>Overland</i>	1 – <i>Victoria Park</i>	9%
<i>Wapping</i>	3 – <i>Wapping CC</i> 4 – <i>Wapping 1 o’Clock Club</i>	13%

9.6 Service provision

- 9.6.1 Responses relating to service provision were themed based on the four service types identified in the public consultation events and in question 14 of the online survey: Health, Employment, Education and Family Support.
- 9.6.2 Health was cited in 22 comments as a motivating factor in the response. However, 5 of those comments were negative about the provision of health services through the Children’s Centres.

“I feel that instead of cutting down all the centres which are rented, there should be cut in the health services as the GP practices are up and running well.”

“Health visitors are not very good!”

9.6.3 Employment was cited in three comments, once negatively.

9.6.4 Education services were mentioned in 39 comments, with none of the comments being negative. These services were widely cited as being beneficial and worthwhile:

“It is very good to have a safe place where our little ones can play and also a place that we can bring them knowing that they are well and we (as parents) could do a course and learn something!”

“The most important thing for me would be maintaining 'learning through play' sessions for all age groups. Forcing these sessions to close and instead replacing with nursery would be terrible.”

9.6.5 Family support services were mentioned in five comments. Again, all of these comments reflected a positive sentiment towards these services.

9.7 Suggestions made by respondents savings generation

9.7.1 34 of the 196 responses (17%) contained some sort of proposal as to how the Borough could generate savings or raise funds. Some common suggestions include:

- Increasing the scope for volunteering
- Seeking sources of private funding
- Allowing private hire of the facilities to generate income
- Charging
- Using the third sector to provide services
- Ceasing provision of health-related services that are duplicated with GPs

9.8 Technical note:

- 9.8.1 After consideration by officers the above suggestions were broadly welcomed. However, they do not always generate savings as whilst they may provide additional services, such as volunteering, the council will still be responsible for the quality, outcomes and safeguarding aspects.
- 9.8.2 Staff would therefore have to be employed to ensure that these aspects of council duties were met to prevent elected members from being in breach of their duties. There are no on-going sources of private or government funding, only “pump priming” funding, which by definition cannot be used to secure the salary costs required for such staff.
- 9.8.3 Re-commissioning Children’s Centres or LA day Nurseries is indeed possible, but once again the council duties remain and would have to be included in costs. DFE research indicates that an efficiently run Children’s Centre costs £500K p.a. – if commissioned to local schools for example, the research indicates there is an automatic add-on (generated by the need to ensure statutory duties and commissioning criteria are met) of between £100-150K p.a. The most recent DFE cost comparison research is available [here](#).
- 9.8.4 Ceasing to provide health related services would cost the IEYS £1m funding as these are covered by grant monies from Public Health.

9.9 Criticism of the consultation

- 9.9.1 22 of the responses (11%) criticised the consultation directly. The majority of these responses felt that the questions were biased or misleading, but a significant minority felt that the proposals were insufficiently well thought through, presented or explained.

“Considering the severity of the reduction to the early years budget, the information the council has provided about where the axe will fall is insufficient. As such, I do not feel that I have been able to realistically answer these questions as I am not sure as to what early years provision in the borough will look like going forward.”

“I am disappointed with this survey, as it has a number of very leading questions, some impossible answers and some, frankly, bizarre scales with which to rate services.”

“I am really not sure what is being proposed. Are they closing centres or just making it better and adding services?”

“Question 15 is a sneaky way to get people to say 'yes' to private childcare business. Private childcare will cost more. We do not want this to become privatised.”

“This survey is written in a very opaque way, and demonstrates bias towards the answers you are hoping for. Very poor form.”

9.9.2 It is notable that many of the responses seemed to show a lack of understanding of the service changes being proposed. Six of the responses included a putative percentage budget reduction to be applied to the service, which ranged from 30% to 50%. None of these are accurate and raise concerns about the context in which the message were received. Many attendees referred to an early council document accidentally placed on a public website. They were responding to the financial proposals contained in this document. These are different from the final agreed proposals upon which the consultation was based

9.10 Service Expansion requests

9.10.1 29 of the responses (15%) expressed a desire for services to be expanded. For the most part, these were either requesting more sessions or extended opening hours, either into the evenings or over the weekends.

9.11 Concerns about the impact of the changes

Concerns could be generally grouped into one of four areas.

9.11.1 **41 of the comments (21%) expressed the belief that the Children’s Centres aid in community cohesion, and that cuts to this service would have an adverse social effect.**

Note that cuts to the overall service of the type feared will require an additional public consultation. This is an example of the misunderstanding caused by the leaked document noted above.

“These services have been very important to me over the past few years, providing what I consider to be a lifeline to connect with other mum's, dad's and carers... It's a short sighted view, especially in London where families often have no support from their own family when raising children.”

“We need more groups which are open to all instead of targeted groups so that everyone feels welcome and so that there is community cohesion / better integration.”

“Children's centre are a wonderful 'Melting pot' for parents from diverse backgrounds- they are valuable for middle class families as well as for less privileged families”

9.11.2 25 of the responses (13%) made reference to the health benefits of Children’s Centres on parents, especially in tackling post-natal depression.

“They also provide the opportunity for parents to network and meet other parents, I know several women who have privately expressed to me that if they hadn't met other women and built a network from these that they believe they would have ended up with post natal depression.”

“I have been suffering with postnatal depression and it is because of these centres that helped me through very dark and difficult times.”

“Raising happy babies group is a life saver and prevent me having depression.”

“Early years services need to encompass the full life course including pre conception planning. Ideally all services should be promoting and encouraging contraceptive choice especially LARC as a key human right for women to have control over their fertility and enable and support pre conception planning and health improvement. This should be a key role of health visitors, children centre staff and mid wives to promote contraceptive choice and the wide range of services offering contraception”

9.11.3 12 of the comments (7%) expressed a concern that the changes would have an impact on the quality of the services provided.

The comments below indicate that these fears are also based on reference to the leaked document referred to.

“By generalising services and agenda, quality will drop which is a shame as the children centres had always provided outstanding opportunities for the youngest.”

“LBTH has always had a reputation for delivering the highest quality early years services which have provided a solid foundation for improved results as children move through their schooling. I am concerned that such a valuable service is taking at least a 30% cut in the funding it has control over. Why has this service been targeted to make such a high level of savings? “

“Staff should not be cut if we want quality care.”

“I cannot see how a 40% cut in these critically important services can be delivered without compromising the quality of it to the point of rendering them non-existent.”

9.11.4 12 of the responses (7%) focused on the distance parents travel to access Children’s Centre services.

“I have been amazed by what the children's centre has to offer right on the doorstep, as a mum dreading staying at home and not working, getting out and doing things and having it so close has been amazing. Anything that reduces quality and requires more travel would adversely affect the benefits mums get from the centres.”

“I would like to add a note about the use of 1'0 clock buildings as part of the consultation... If the Early Years Service were to use the 1'o clock clubs to their full potential, then all the facilities and services could be maintained under one roof. There are 2 main bus routes that run into Wapping across the borough which means that most families could access these services easily and within 30 minutes.”

“My closest centre is Mulberry and Bigland centre which is 5 minutes from where I live and not 10 minutes (lowest time given in the options). It's hard to travel a long distance when your child wants to go in a different direction.”

“Proximity is critical for services relating to babies. Since babies eat so frequently there are short windows to get to services. The further away the more challenging it feels for new parents who really benefit hugely from these services.”

10.0 Question 18- Postcode

10.1 Respondents were asked to provide their postcodes. These were compared against the Income Deprivation Affecting Children Index (IDACI) and then separated into deciles at a national level, where a result of “1” in the table below means that the respondent was in the top 10% of most-deprived LSOAs. The responses were as follows:

	Decile	Percentage
1	166	45%
2	87	24%
3	17	5%
4	14	4%
5	10	3%
6	19	5%
7	9	2%
8	4	1%
No response	41	11%
Grand Total	367	-

Appendices;

Appendix B. Consultation Questionnaire.

Appendix C. Formal letters

11.0 Appendix B. Consultation Questionnaire

		Yes	No
Q1	Do you currently use the Children's Centre service in Tower Hamlets?		

	<i>Select one choice</i>	Two or more times a week	Once a week	Once a month	Less than once a month	Never
Q2	How often do you visit Children's Centres in Tower Hamlets?					

		1	2	3
Q3	List which Children's Centre/s you use most			

	<i>Select one or more</i>	Education	Health	Family Support
Q4	Which of the following activities do you or your child take part in?			

	<i>Select one choice</i>	No impact	I will use the Children's Centres more as a result of the changes	I would use the Children's Centres less often	I won't use the Children's Centres anymore
Q5	What impact (if any) would the proposals have on you? (Please tick all that apply)				

	<i>Select one choice</i>	Yes	No
Q6	Do you think that extending the family support work we do for families up to the age of 11 will be helpful?		

	<i>Select one choice</i>	10 mins	15 mins	20 mins	30 mins+
Q7	How long does it currently take you to get to your nearest children centre?				

	<i>Select one choice</i>	10 mins	15 mins	20 mins	30 mins+
Q8	What is the maximum journey you would be prepared to travel				

	to be able to access these services all under the same roof?				
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	<i>Select one choice</i>	Very important	Not important	Not relevant
Q9	How important is distance travelled to you?			

Q10	How do you balance time travelled against the quality and range of services on offer? Please put a cross in one of the boxes to show how you rate these aspects against each other.			
	<i>Please cycle an option to show how you rate these aspects against each other with 1 being the lowest and 5 the highest</i>			
Distance is most important				
	1	2	3	4
Quality and range of services are most important				
	1	2	3	4

Q11	Which of the following services at Children's Centre have you used in the last year? <i>Prioritise these 1-4, with 1 being your most used service, 4 the least used</i>			
Health visitor	1	2	3	4
Mid-wife	1	2	3	4
Educational psychology	1	2	3	4
Child care (day care or crèche)	1	2	3	4
JCP	1	2	3	4
Speech therapy	1	2	3	4

Q12	What else would you like to see in your Children's Centre?
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Q13	<i>Select one choice</i>	Very satisfied	Satisfied	indifferent	Not satisfied
	How satisfied would you be if you could access additional services like your mid-wife, health visitor, educational psychologist and family support worker (if you had one) at your Children's Centre?				

	Select one choice	Education	Health	Family Support	Employment support
Q14	What is the most important service you access at your Children's Centre? Please rank 1-3, with 1 being the most important to you.				

	Select one choice	Yes	No
Q15	Do you think that linking the Children's Centres more closely with early years in schools and with private childcare businesses offering early education and care will benefit you and your family?		

	Select one choice	Yes	No
Q16	Do you think that closer working across all early years services will help you access the services you need more effectively?		

Q17	Please use this space if you would like to add any further comments about the proposals:
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Q18	What is your home post code?
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12.0 Appendix C. Formal letters from Unison and from the Docklands Settlement

UNISON Members are committed to providing quality services to children and their families through Children's Centres. They are not opposed to looking at how improvements in reach and integration can be achieved.

However, it is difficult to fathom how improvements can truly be made and better outcomes achieved with what appears to be a 40% staffing reduction.

(The degree of staffing reduction and the roles targeted are well known due to the accidental release of a set of DMT minutes. It is not entirely clear whether the public consultation laid bare the scale of the proposed reduction)

The implied narrative appears to be that such a reduction can be met through voluntary redundancies – but such a large reduction is unlikely to be accommodated solely through VR.

Some comments have been received that the public consultation proposal is quite vague and lacks sufficient detail for people for people to be able to properly evaluate what is being proposed.

Questions:

Family Support Workers are already very busy and there is a constant flow of referrals - how can this service be maintained, let alone enhanced, with staff cuts?

How will the plan for special needs and EY hubs impact on Family Support Workers and Play and Learning Workers?

Hubs are currently designed for younger children so if the age range is extended – are different spaces required more appropriate for older children? What kind of support to older children is actually being proposed?

What will it mean in terms of working hours for staff if centres are to be open longer in order to work with older children?

If staffing is to be reduced how will CC staff maintain quality of work and provide support to most complex tier 2/3 families and all that this requires e.g. – core groups, CP conferences.

(Tower Hamlets Unison dated 23rd August 2016).

St Hilda's East Community Centre is a long established, multi-purpose community organisation based in Weavers Ward, within the most northwest part of Tower Hamlets. We run some 15 different services used by over 500 people weekly - incorporating community development projects, opportunities for the local population and borough wide social care services. These range from a small Under 5s Project, youth projects, Legal Advice, a Food Co-op, ESOL provision, work experience and volunteering projects, to support for older people. We work closely with Mowlem Children's Centre.

We do understand the financial pressures facing Tower Hamlets Council and why it is seeking to make significant savings in the next couple of years. We also appreciate that the driving force for this lies with central government decisions to reduce support for Local Authorities – a short sighted approach which threatens to harm the most vulnerable in our community. However we have strong concerns about some aspects of reshaping of Children's Centre services currently being floated. We would like to share our views as follows:

1. *We gather from consultation meetings attended that there is a proposal to cease all Children's Centre satellite services and activities. Based on our experience and knowledge of the locality, this would be disaster for parents and families living in Weavers Ward. Since the closure of Little Oaks Children's Centre a few years ago there has been no physical CC presence in this part of the borough. The nearest Children's Centre site is Mowlem, situated in a completely separate district of Tower Hamlets. It has therefore been necessary for Mowlem CC to commission satellite services from the voluntary sector as well as deliver its own off site activities. In our area this has taken the form of Active Play sessions taking place in our community centre, currently delivered by Tower Hamlets Toyhouse twice a week, and weekly Stay and Play sessions led by CC staff. This outreach approach has been essential in order to engage with and involve families from the locality. Many, particularly 'hard to reach', would otherwise not have accessed such Children's Centre activities.*

2. *The level of need in Weavers Ward and the surrounding area is such that continued satellite services are vital in order to support some of the most disadvantaged families in the Borough. The 'Shoreditch' effect on the area surrounding St Hilda's East Community Centre is incredibly misleading – belying enormous deprivation in our area. According to a Tower Hamlets Fairness Commission Report 50% of children in Weavers Ward live in poverty – a figure borne out by other studies. It is incredibly important that accessible support is given to parents and under 5s facing this situation, to enable children to have the best possible start in life. It is our experience that families from our area do not travel to Mowlem Children's Centre, notwithstanding the quality of services delivered there. It is sited a full half hour walk away in a geographically separate part of the Borough.*

3. *Should the current LBTH consultation lead to activities being solely run within Children's Centre premises, the most likely outcome for the Weavers Ward area is that low income and hard to reach families, with lower levels of confidence, will not travel to use these. Higher income and middle class parents, those with already higher levels of confidence are most likely to go to Children's Centres in other areas by public transport or car. It is arguable that this will lead to families most in need of play and parenting support missing out on this, leading to needs later on for more intensive and costly input from Tower Hamlets Council.*

4. *Large scale housing estate accommodation is to be found within Weavers Ward, notably to the north of Bethnal Green Road. Families most often do not possess gardens for children's play - or even a balcony. It is therefore crucial that satellite services such as Active Play continue, providing valuable physical play opportunities to young children. This is all the more important set against the growing issue of obesity in children.*

5. *It is also worth bearing in mind that satellite services such as those described above are delivered in partnership with locally based voluntary organisations. These are often very well, if not best, placed to be in contact*

with families that most need support – and to help link them up with Children’s Centres.

6. Should satellite activities such as Active Play cease in Weavers Ward, there will be virtually no provision in our area for families with under 5s. St Hilda’s Under 5s Project has decreased in size in recent years, first through the loss of Children’s Centre direct commissioning for its service several years ago, and most recently after the end of LBTH Early Years funding in July. It is also worth noting that the Ward is on the extreme northwest corner of Tower Hamlets, bordered by Hackney and Islington – and parents will most often not be able to cross over into these boroughs to access Children’s Centre services there due to eligibility criteria.

7. Please also note that removing the Active Play satellite activity would result in a major loss of amenity for Tower Hamlets Council. Toyhouse use our community centre hall for its very well used sessions. No Children’s Centre, certainly not within remote striking distance of our area, will be able to replace this through use of their own premises. Measuring 1660 square feet, it will be impossible to replicate – a huge loss for the community as well as the Local Authority.

8. We would also suggest a more forensic approach to saving money – rather than a ‘one size fits all’ approach of removing satellite Children’s Centre services across the Borough. Looked at closely, it can be seen that services such as Mowlem CC’s Active Play sessions in Weavers Ward are actually low cost and low maintenance relative to the value that they deliver – and cheaper than in house options. Delivered in partnership with the voluntary sector, the latter tends to be very ‘economic’ in its approach and practice.

With regard to other aspects of the Early Years and Children’s Centres consultation:

Reduction of staff is being mooted, including - we understand - Community Leads. We would suggest that it is important to ensure that there are locally based managers that have knowledge of the diverse areas of the Borough, and are in a position to effectively work and liaise with locally based agencies and organisations – rather than being remotely managed from Mulberry Place.

LBTH Council is looking to develop 0-11 services rather than restrictions to 0-5s. Without knowing the details of this proposal this does seem to have some considerable merit, as families with pre-school children often have older primary aged children, with issues affecting the whole family. Should Children’s Centres evolve in this direction, we would suggest that it is important to take account of what is already being delivered for 5-11s in localities, and to ensure that there is a ‘joined up’ and supportive relationship with what is already provided by statutory or voluntary groups.

I would be grateful if you could ensure that the above comments are included in the current Council consultation on cost savings. As mentioned above we understand that Tower Hamlets Council is facing real pressures. However,

saving money by removing satellite services will result in those most in need of support being affected, and could lead to greater resources being expended in the long run via increased crisis assistance for families if the right kind of services are not available for Under 5s.

It would be much appreciated if you could reply, confirming receipt of these comments.

St. Hilda's East Community Centre (Dated 5th August 2016)

DRAFT