

**Community Impact Assessment  
Best Start Consultation Findings and Final Proposals**

Community Impact assessments (CIAs) should be used whenever there is a policy or service change. The template will enable staff to record how they have taken account of the following essential areas within proposals;

- Strategic Priorities
- Public Sector Equality Duty
- Health inequalities
- Rural issues
- Climate change

The Public Sector Equality Duty is a legal requirement and must be applied in all that we do, and in particular whenever there are changes. See guidance note and frequently asked questions for further information.

<b>Name of proposal:</b> Best Start		
<b>State here which of the County Council priorities the proposal will deliver against:</b>		
<b>County Council Outcome</b>	<b>People’s Service Area Outcome</b>	<b>Project Outcomes</b>
Be healthier and more independent;	Independent - People manage their own life, make their own choices, deal with issues their own way	That children and their parents lead healthy and happy lives and have the ability to care for each other.
Feel safer, happier and more supported in and by their community.	Healthy & Well - People live long and fulfilling lives, being able to address the health and wellbeing issues that affect them	That parents are enabled to give their child the best start in life and vulnerable families can access help when it is needed.
Be able to access more good jobs and feel the benefit of economic growth	Staffordshire has a workforce fit for a modern economy – developing the skills and aspirations of residents	Families can access high quality childcare and learning opportunities to build the right skills.
<b>Project lead: (s)</b>		
Janene Cox, Commissioner for Tourism and Cultural County Sharon Moore, Commissioner for Families		

**Names of other officers involved**

Paul Woodcock – County Commissioner for Children’s Wellbeing  
Andrew Donaldson – Senior Policy Manager  
Kerry Dove – Partnership and Development Manager  
Michelle Rowe – Team Senior Solicitor  
Lynda Stevenson – Project Manager  
Wendy Tompson – Corporate Engagement and Consultation Manager  
Adam Rooney – Strategic Policy Officer  
Clare Abbotts – Senior Campaigns Officer  
District Children’s Commissioning Officers & District Commissioning Leads

**Date:**

21<sup>st</sup> January 2015

**Executive summary of the assessment**

This is a Community Impact Assessment (CIA) for the **Stafford** based on the proposals of the January Best Start Cabinet Report, and builds upon the Outline and Scoping Community Impact Assessments conducted in March and September 2014. It analyses both the findings of the 8 week public consultation on the proposals set out in September 2014 as well as the final proposals for a new way of working for early years.

This Community Impact Assessment analyses the potential health and equalities impacts of the proposals put forward by the Cabinet Report and suggests mitigating actions to help prevent disadvantage to any protected groups.

**Signature**

Janene Cox, Commissioner for Tourism and Cultural County

## **1. Introduction & Context:**

Staffordshire County Council has three priority outcomes to build a better Staffordshire. These priorities are that the people of Staffordshire will:

- be able to access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community

Ensuring that parents are able to give their children the best start in life is critical to achieving these outcomes. The first five years of every child's life are vital for their future health and wellbeing. There is an overwhelming amount of evidence that shows the huge impact of the care a child receives in this period of their life, and how it turns it influences virtually all aspects of development moving forward, from educational attainment to health outcomes.

Early years is also a critical part of our recently published business plan for 2014-17 *Leading for a Connected Staffordshire*. 'Best Start' is one of our seven key areas of activity, and has significant links to the other six areas, particularly 'ready for life', 'resilient communities' and 'great place to live'.

### **1.1. Purpose of this report**

The purpose of this report is to consider the potential equality and health impacts on the **Stafford** district of the final proposals for early years provision set out in the January Best Start Cabinet Report. This includes analysis of any potential implications for the health of residents, as well as any impacts on residents that have one of the nine protected characteristics set out by the Equalities Act 2010, as assessed based on the information currently available. These include:

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

This report should be read together with the Best Start Cabinet Report, the other Community Impact Assessments for each district and the Best Start Consultation report.

### **1.2. Best Start proposals in Stafford**

Our initial review showed that not enough families, including those who are most vulnerable, are accessing the facilities we are currently using to provide early years services from. This includes those that are 'designated' Children Centres and those

that are not. Our proposals include plans to reconfigure our premises in order to deliver what is required in a different way and working with our partners to deliver an integrated Best Start offer for Staffordshire.

As part of the proposals, we propose to change how we use our school based facilities. We plan to transfer management of some facilities to schools to ensure that the resources are used in a different way to assist child development and contribute to school readiness. In Stafford, the locations in this category are:

- Barlaston First School (Stone Rural Children's Centre)
- Barnfields Primary (Wildwood Children's Centre)
- Castlechurch Children's Centre
- Manor Hill Children's Centre
- St Peter's Primary (Hixon Children's Centre)

We also propose to continue to use a smaller number of facilities within communities as Family Hubs where the model is working well, has good attendance rates and this approach would benefit the community. In Stafford, only one location is in this category:

- Silkmore Children's Centre

There are also some locations where we feel that the current facilities should be reviewed by the Strategic Property Board. In Stafford, only one location is in this category:

- Stafford Children's Centre (phase 1)

We also propose that we reconfigure use of space in libraries and transfer management to the Culture and Library Service. In Stafford, there is one location within this category:

- Stone Library

## **2. Consultation findings**

The public consultation on the Best Start proposal went live on 4<sup>th</sup> October 2014 and closed on 3<sup>rd</sup> December 2014. An overall summary of the findings of the consultation, as well as the methodology used, can be found as appendices to the Best Start Cabinet paper for January 21<sup>st</sup> 2015.

Overall, 1399 responses were received to the consultation. Despite this rate of response being statistically significant at a county level, to achieve a statistically robust response at a district level between 1,200 and 1,250 responses '**per district**' would have been required. Therefore this analysis will discuss countywide trends and assess how they may impact on TBC, based on the proposals for the area set out in the section above.

## 2.1. Consultation

There were **190** responses from Stafford to the consultation, **the joint second highest number of responses** of the 8 Districts. Key issues that were raised at a county-level include:

- The vast majority of respondents supported the principles of the Best Start proposals and our objectives, including promoting positive parenting, focusing on early help and ensuring children are school ready.
- Across the county 32% of the respondents agreed with the proposals overall, whilst 36% disagreed and 24% neither agreed nor disagreed, 9% stated that they didn't know.
- 40% of respondents agreed with the proposed changes to school based facilities, with 22% disagreeing, 24% unsure and 14% stating they did not know. The main concerns flagged were how schools planned to use the facilities to support the offer. **In Stafford the locations within this category are Barlaston First School (Stone Rural Children's Centre), Barnfields Primary (Wildwood Children's Centre), Castlechurch Children's Centre, Manor Hill Children's Centre and St Peter's Primary (Hixon Children's Centre).**
- 48% of respondents agreed with continuing to use centres that were working well, with 24% disagreeing, 18% neither agreeing nor disagreeing and 10% not knowing. **The only location in this category in Stafford is Silkmore Children's Centre.**
- 13% of respondents agreed with no longer using certain facilities as designated children's centres, with 51% disagreeing and 22% neither agreeing nor disagreeing. Accessibility was frequently raised as a significant issue, with many respondents concerned that the changes would isolate some families, particularly families in rural areas and those with low incomes.

**In Stafford, the only area in this category is Stafford Children's Centre (phase 1)**

**While Stafford itself is a largely urban area, some parts of the borough are more rural, and so transport and isolation are still issues which need to be considered. There are also some areas of deprivation within the borough, and the effect on these areas of the review must be considered.**

- 11% of respondents agreed with the proposed changes to the space in libraries, with 44% disagreeing and 28% neither disagreeing nor agreeing. **In Stafford, the only site relating to this category is Stone Library.** Again concerns were raised about how this might affect rural areas and more vulnerable families.

## **3. Current provision and usage in Stafford:**

In terms of Children's Centres, below is the attendance at each centre in Stafford in 2014. This includes attendance for both children and adults as well as those children from the most deprived areas.

<b>Children's Centre</b>	<b>Attendances (children and adults) 2013-14</b>	<b>Number of under 5's reached from 0-30% most deprived areas</b>
<b>School sites</b>		
Barlaston First School (Stone Rural Children's Centre)	1041	11
Barnfields Primary (Wildwood Children's Centre)	2814	19
Castlechurch Children's Centre	1127	36
Manor Hill Children's Centre	1300	7
St Peter's Primary (Hixon Children's Centre)	455	2
<b>Community Sites</b>		
Silkmore Children's Centre	2611	62
Stafford Children's Centre (phase 1)	8622	116
<b>Library Sites</b>		
Stone Library	0	N/A <sup>1</sup>

<sup>1</sup> Due to our current data collection processes, data for number of under 5's reached from 0-30% most deprived areas for this centre is not currently available.

In order to identify the above proposals for Children's Centres, a robust ranking system has been created that indicates which centres are critical to the new model and should be retained as designated Children's Centres. Those that will be retained are in the highest areas of deprivation; evidence a good level of attendance by families and children most in need of help and evidence the best value for money. The views of the public from the consultation have also impacted on the final decision. The remaining facilities will continue to be used by partners, parents and children, however, as part of the broader Best Start Offer, with some subject to review by the Strategic Property Board.

In terms of the wider offer, in 2013/14, in Stafford there were 63 children under 5 who received an early help assessment (CAF) for early intervention / Tier 2 support (fourth highest of the eight districts in the county)<sup>2</sup>.

For more specialist support, in Stafford, the average number of children under 5 subject to a child protection plan between 1<sup>st</sup> October 2013 to 30<sup>th</sup> September 2014 was 24 (the fifth highest in the county). The average number of looked after children aged under 5 in the same time period was 13 (the third highest in the county)<sup>3</sup>.

#### **4. Stafford demographic profiles:**

##### **Population:**

- There are approximately 46,099 children under 5 in Staffordshire according to mid-year population estimates. Approximately 6,782 of these live in Stafford, the second highest number of under 5's in the county, accounting for 11.5% of the district population<sup>4</sup>.

##### **Ethnicity:**

- Because of limits to mid-year population data, these statistics on ethnicity are taken from the 2011 Census, so overall totals are slightly different to above, with a total here of 7,007 children under 5 in Stafford. This total is made up of : 6,385 (91.12%) of the under 5's are white, 260 are from a mixed / multiple ethnic group (3.71%), 264 from Asian / Asian British groups (3.77%), 51 from African Caribbean / Black groups (0.73%) and 47 from an 'other ethnic group' (0.67%). As a district Stafford has comparably lower rates of ethnic diversity than national averages of: 86.0% white, 7.5% Asian / Asian British, and 1.0% other ethnic group. It does however have a higher proportion from mixed/multiple ethnic groups, when compared with the national average of 2.2%, and from Black/African/Caribbean/Black British compared with the national average of 3.3%.<sup>5</sup>.

---

<sup>2</sup> Data received from Families First – 08/12/2014

<sup>3</sup> Data received from Families First Business Improvement and Development Team 0-5 data profile

<sup>4</sup><http://www.staffordshireobservatory.org.uk/documents/Population/populationestimatesbriefingnote2013.pdf>

<sup>5</sup>[http://www.ons.gov.uk/ons/dcp171776\\_290558.pdf](http://www.ons.gov.uk/ons/dcp171776_290558.pdf)

### Disability:

- According to the 2011 census data, there are 165 children with a disability in the District. There are also 2,224 households with dependent children (aged 0-18) where a parent has a disability.

### Teenage Parents:

- In Stafford the rate of teenage conceptions between 2010-2012 is 26.1 per 1,000 15-17 year old females, which is the third lowest rate in the county, and below the national rate of 27.7<sup>6</sup>.

### Deprivation:

- Stafford has the **highest number of households in the 30% most deprived areas of the County** (also known as Lower Super Output Areas – LSOAs)<sup>7</sup>.

## 5. Stafford local health profile:

### Fertility rates:

- Based on the most recent data from 2010-2012, Stafford has a general fertility rate of 56.3 per 1,000 women aged 15-44. This is the fifth highest rate in the county, but lower than the Staffordshire average of 58.1 and the national average of 64.4<sup>8</sup>.

### Smoking in pregnancy:

- At 10.7% Stafford had the fourth lowest rate of smoking at delivery in the county, which is well under both county (12.9%) and national (13.2%) averages, according to 2011/12 estimates<sup>9</sup>.

### Perinatal and Infant Mortality:

- The rate of infant mortality in Stafford is the fourth highest in the county at 5.2 per 1,000 live births, equating to 20 infants in 2010-12. This is above the national average of 4.3 and the Staffordshire average of 5.1<sup>10</sup>.
- Stafford is below the national averages in terms of stillbirths (at 3.9 per 1,000 total births compared with 5.0 nationally), and is just below both national and Staffordshire averages in terms of perinatal mortality at 7.2 per 1,000 total births in Stafford, compared with 7.5 in Staffordshire and 7.3 nationally<sup>11</sup>.

---

<sup>6</sup><http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcM%3A77-332828>

<sup>7</sup> Staffordshire County Council Insight Team, 2014, *Best Start for Children 2014 – evidence base*. P60

<sup>8</sup> *Working Together Better for Health – Staffordshire Needs Assessment (JSNA)* (November 2014)  
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx> p114

<sup>9</sup> Ibid P114.

<sup>10</sup> Ibid P114

<sup>11</sup> Ibid P114

### **Low birth weight:**

- Between 2010-12 the percentage of babies with low birth weight in Stafford was 6.3%, the third lowest rate in the County, and below the national and Staffordshire averages of 7.3%<sup>12</sup>.

### **Breastfeeding prevalence:**

- Across Staffordshire as a whole, breastfeeding prevalence rates at 6-8 weeks are low. Stafford had the second highest rate in the county in 2012/13 at 36.2%, which is above the Staffordshire average of 32.4% but **considerably lower than the national average** of 47.1%<sup>13</sup>.

### **Childhood obesity:**

- As of 2012/13, approximately 9.4% of reception children are obese in Stafford, above the 9.3% national average though just below the 9.6% Staffordshire average<sup>14</sup>.

### **Mental Health:**

- There are estimated to be between 27,300 and 32,500 people suffering mental ill-health across Stafford Borough. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in Stafford Borough are significantly lower than England averages, with approximately 750 people with a registered need in 2010/11<sup>15</sup>.

## **6. Potential health and equalities impacts for Stafford (EIA & HIA)**

Proposals such as Best Start could have impacts on health and equalities for different groups in the community. It is necessary therefore to consider what these potentially negative consequences may be and take appropriate mitigating actions. With this in mind, this CIA has been informed by the guidance published by the Equality and Human Right Commission<sup>16</sup>. This guidance stated that impact assessments should consider the following:

1. Is the purpose of the policy change/decision clearly set out?
2. Have those affected by the policy/decision been involved?

---

<sup>12</sup> Ibid P114.

<sup>13</sup> Ibid P114

<sup>14</sup> Ibid P115

<sup>15</sup> Staffordshire County Council, 2013. *District Profile – Stafford*. P9

<http://www.staffordshireobservatory.org.uk/documents/DistrictProfile/2013/DistrictProfiles/StaffordBoroughDistrictProfile2013.pdf>

<sup>16</sup> Equality and Human Rights Commission, *Public Sector Equality Duties and Financial Decisions – A Note for Decision Makers*.

[http://www.equalityhumanrights.com/uploaded\\_files/Wales/brief\\_note\\_for\\_decision\\_makers.doc#](http://www.equalityhumanrights.com/uploaded_files/Wales/brief_note_for_decision_makers.doc#)

3. Have potential positive and negative impacts been identified?
4. Are there plans to alleviate any negative impact?
5. Are there plans to monitor the actual impact of the proposal?

The following table presents some potential negative impacts of the proposals in the Best Start Cabinet Report specifically for Stafford and recommends some mitigating actions. Subject to Cabinet approval and the subsequent consultation these may change.

### 6.1 Table of key potentially negative impacts on health and equalities and mitigating actions

No	Potential Negative Impact	Type of Impact (Equalities/ Health)	Potential Groups Affected	Possible Mitigating Action
<b>Area 1: A quality offer for all</b>				
1.	Sexual health and contraception advice and guidance is ineffective in supporting young people and preventing unwanted pregnancies, particularly in areas of deprivation.  <b>Stafford has the third lowest rate of teenage pregnancy in the county, which is below the national average.</b>	Health	Age, sex, pregnancy and maternity,	<ul style="list-style-type: none"> <li>• Commissioners to ensure that sexual health and contraception information, advice and guidance meets the needs of areas with high rates of teenage pregnancy.</li> <li>• Commissioners to work with schools and colleges to ensure that PHSE in schools is inclusive and effective.</li> <li>• Engage with Children's Strategic Partnership to support mitigating actions.</li> </ul>
2.	The new integrated approach to promoting parent and child health through the Health Child Programme fails to address current health inequalities. <b>Of particular relevance to Stafford are:</b>  <b>A) Generally positive health outcomes relative to the rest of the county.</b>	Health	Age, sex, pregnancy and maternity.	<ul style="list-style-type: none"> <li>• Effectively manage the transition of the School Nurse and Health Visiting commissioning responsibility to the local authority.</li> <li>• Review Health Visitor specification as part of the Best Start strategy to maximise effectiveness of this crucial role, particularly for hard to reach groups.</li> </ul>

	<p><b>B) Slightly above national average rates of infant mortality</b></p> <p><b>C) Lower than national average rates of breastfeeding prevalence at 6-8 weeks (See section 5 for more details)</b></p>			<ul style="list-style-type: none"> <li>Commissioners to work across the Children’s Strategic Partnership to improve outcomes.</li> </ul>
3.	<p>The reconfiguring of current resources for early years may result in some families finding it more difficult to access early years provision.</p> <p><b>Stafford has five delivery sites proposed to be transferred to schools and one library sites. (section 1.2 – 3 for more info)</b></p>	Both	Age, sex, disability, pregnancy and maternity	<ul style="list-style-type: none"> <li>If the proposals are approved ensure that as part of any transfer agreements specify the use of the resource to support early years and education outcomes.</li> <li>Commissioners to ensure that families can access services from a a range of appropriate venues that are , including the family home.</li> <li>Commissioners to ensure information, advice and guidance is accessible for all and has a locality focus.</li> <li>If the proposals are approved transfer agreements with schools will specify the use of the resource to support early years and education outcomes.</li> </ul>
4.	<p>If there is not enough quality childcare placements, parents of children who need to work may be disadvantaged economically, further exacerbating educational inequality.</p> <p><b>Stafford has the highest number of households in the 30% most deprived areas of the County (also known as Lower Super Output Areas – LSOAs).</b></p>	Both	Age, sex, pregnancy and maternity, low income families, working parents, parents in education or training	<ul style="list-style-type: none"> <li>Continue to work with Entrust to ensure sufficient childcare places are available and of a high quality.</li> <li>Engage with local members and partners to support promotion of uptake of free childcare places</li> <li>Continue to develop more childcare placements for 2 year olds from low income families</li> </ul>

				through the Think 2 programme, including exploring whether venues at schools can be used for childcare.
5.	<p>IAG is not inclusive and is not tailored for people with physical and sensory disabilities or SEN, or for people whose first language is not English, leading to misinformation and confusion.</p> <p><b>Stafford has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</b></p>	Both	All, in particular disability (including those with sensory and learning disabilities) and race, (particularly any BME groups where English is an additional language).	<ul style="list-style-type: none"> <li>Commissioners to ensure our IAG strategy enables families to access the appropriate information for their needs</li> <li>Actively publicise any changes and ensure information, advice and guidance is as accessible to all groups as practicable, offering different languages, easy read versions of documents and clear formats etc.</li> <li>If the proposals are approved provide information in a variety of languages, formats, (including hard copies, easy read and Braille etc) and make available at a variety of local community centres (e.g. community halls, temples, mosques, libraries etc).</li> </ul>
<b>Area 2: Extra support for those in need</b>				
6.	<p>Changes to the early help offer may result in some families not having access to the services they require to remain independent.</p> <p>Tier 2 family support will continue to be available across the district.</p> <p><b>It is proposed that Silkmore Children’s Centre site will continue to be designated as a Children’s Centre.</b></p>	Both	All, particularly those with disabilities, rurally isolated and low income families.	<ul style="list-style-type: none"> <li>If the proposals are approved, the District Co-ordinator to work with partners in each district, to ensure that the Best Start Offer is accessible and inclusive of diverse communities.</li> <li>A transition plan is in place with Families First to ensure that this is not a consequence of the proposals.</li> <li>Ensure that areas with highest needs and particularly those families living in the most deprived areas are considered fully in implementing the new</li> </ul>

				<p>model.</p> <ul style="list-style-type: none"> <li>• If the proposals are approved ensure the District Co-ordinator ensures that effective partnership working arrangements are in place.</li> <li>• Utilise the live birth data, now available to SCC, to target families living in the 0-30% most deprived areas.</li> </ul>
7.	<p>Some families from different ethnic and cultural backgrounds may be affected by any changes to current early years offer and review of current contracted services.</p> <p><b>Stafford has a small BME community relative to the national averages. It is therefore important to ensure that these communities are supported appropriately to reduce potential isolation (see section 4 for more details).</b></p>	Equalities	Race, religion and belief	<ul style="list-style-type: none"> <li>• If the proposals are approved ensure all groups of children and families are considered and engaged with to ensure sufficient access to a culturally appropriate offer.</li> <li>• If the proposals are approved build equality/diversity requirements into contracts and specifications to ensure that diverse needs are addressed and services are accessible.</li> </ul>

### **7. Implications for staff:**

There are no staff employed by SCC delivering the existing service in this District as such there are no staffing implications for Staffordshire County Council. The existing service is delivered by an external organisation. Should the service delivery provider change as a result of this proposal this could result in TUPE – Transfer of Undertaking and Protection of Employment (from one provider to another), if the service provision is similar in nature.

### **8. Rural considerations:**

Staffordshire has a significant rural population, and as such the proposals must take into consideration the needs of children and families who live in rural communities. Stafford is classified by DEFRA's 2001 Rural-Urban Definition Local Authority Classification as being significantly rural<sup>17</sup>. This will mean that access and transport

<sup>17</sup> DEFRA, 2001. *2001 Rural Urban Definition, LA Classification and other geographies*.  
<https://www.gov.uk/government/statistics/2001-rural-urban-definition-la-classification-and-other-geographies>

issues for those that live in rural area must be considered when implementing the proposals put forward by the Best Start review (if approved by Cabinet) to ensure no residents are disadvantaged in accessing support.

### **9. Implications for climate change:**

The climate change implications of the proposal can largely only be understood through close and individual-level working that would follow the Cabinet decision if approved, for example in the details around use of buildings or other community resources. However, it is not expected that there would be significant implications.

### **10. Monitoring and review**

The actions set out by this Community Impact Assessment to mitigate any equalities and health impacts of the Best Start proposals will need to be monitored with regards to the performance of the identified mitigating actions. This will need to take place through the Children's Improvement Board and Early Years Advisory Board as the key partnership forum.