

Equality Impact Assessment

Context

1. under s.149 of the Equality Act 2010, when making decisions, Essex County Council must have regard to the Public Sector Equality Duty, ie have due regard to:
 - eliminating unlawful discrimination, harassment and victimisation, and other conduct prohibited by the Act,
 - advancing equality of opportunity between people who share a protected characteristic and those who do not,
 - Fostering good relations between people who share a protected characteristic and those who do not, including tackling prejudice and promoting understanding.
2. The characteristics protected by the Equality Act are:
 - age
 - disability
 - gender reassignment
 - marriage/civil partnership
 - pregnancy/maternity
 - race
 - religion/belief
 - Gender and sexual orientation.
3. In addition to the above protected characteristics you should consider the cross-cutting elements of the proposed policy, namely the social, economic and environmental impact (including rurality) as part of this assessment. These cross-cutting elements are not a characteristic protected by law but are regarded as good practice to include.
4. The Equality Impact Assessment (EqIA) document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for reviewing existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
5. Use the questions in this document to record your findings. This should include the nature and extent of the impact on those likely to be affected by the proposed policy.
6. Where this EqIA relates to a continuing project, it must be reviewed and updated at each stage of the decision.
7. The EqIA will be published at:
<http://cmis.essexcc.gov.uk/essexcmis5/BusinessManager.aspx>
8. All **Cabinet Member Actions, Chief Officer Actions, Key Decisions** and **Cabinet Reports must be** accompanied by an EqIA.
9. For further information, refer to the EqIA guidance for staff.
10. For advice, contact:
Shammi Jalota shammi.jalota@essex.gov.uk
Head of Equality and Diversity
Corporate Law & Assurance
Tel 0330 134592 or 07740 901114



Section 1: Identifying details

Your function, service area and team: Equality and Inclusion Officer, Early Years and Childcare, Education and Lifelong learning, People Commissioning

If you are submitting this EqlA on behalf of another function, service area or team, specify the originating function, service area or team:

Title of policy or decision: Proposed changes to Sure Start Childrens Centres in Essex

Officer completing the EqlA: Andree Race Tel: 07585984484 Email: andree.race@essex.gov.uk

Date of completing the assessment: Jan 2016

Section 2: Policy to be analysed

2.1	Is this a new policy (or decision) or a change to an existing policy, practice or project? Change to existing practice
2.2	<p>Describe the main aims, objectives and purpose of the policy (or decision): ECC is redesigning the current service offer for Children's Centres (for children under 5) and the Healthy Child Programme (Health Visiting, School Nursing Services and Healthy Schools Programme 0 -19). With the aim of commissioning a new Integrated Pre-birth to 19 (BP19)- Health, Well-being and Family Support model which will work with and for families across Essex.</p> <p>Changes to the Childrens Centres property portfolio are proposed as part of this redesign.</p> <p>It is proposed to reduce the number of Registered Children's Centres from 37 to 12 Family Hubs, one in each district, supported by 17 Integrated Delivery sites in addition to outreach venues that will be identified in response to the local needs of families, forming a network of provision across Essex. Family Hubs will act as a focal point for service delivery and will have a role in co-ordinating support for the rest of the District.</p> <p>It is proposed that Family Hubs will be open for 50 hours a week with Integrated Delivery Sites offering services for 20 – 30 hours a week. Outreach Sites will be identified to meet need within local communities. This plan will ensure that families will still be able to access local support and advice but in a more accessible and flexible way.</p> <p>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)? The support that families experience from conception through birth and throughout childhood should support ECC's vision that every child in Essex has the best start in life.</p> <p>These proposals represent the next step in our journey to transform the Early Years System and build on the previous review of Children's Centres which moved</p>

	<p>support to a more targeted and 'community facing' model, offering the flexibility to increase the amount of outreach provision delivered.</p> <p>By integrating these services we are aiming to commission a new Integrated Pre-birth - 19 model which will:</p> <ul style="list-style-type: none"> • Create the flexibility to deliver services in places that families already use • Increase the ways in which families can access services • Bring Health services together with Children's Centres and thus deliver true health and social care integration. • Create greater opportunity to identify and address problems early • Make greater use of community locations such as clinic, libraries and play spaces to deliver support and services • Improve communication and families experience of services and support <p>Through these proposals there is the opportunity to identify savings in the region of 10% of the total value of the Pre-birth–19 contract.</p>
2.3	<p>Does or will the policy or decision affect:</p> <ul style="list-style-type: none"> • service users • employees • the wider community or groups of people, particularly where there are areas of known inequalities? <p>The proposed changes to the Sure Start Children's Centre property portfolio will affect families in each local area.</p> <p>The new tender and subsequent contract for the BP19 contract will affect staff currently employed in Children's Centres, Healthy Child programme (0-5 and 5-19), Family Nurse Partnership and Healthy Schools, this will be subject to a separate Equality Impact Assessment.</p> <p>Will the policy or decision influence how organisations operate? Yes</p>
2.4	<p>Will the policy or decision involve substantial changes in resources? Yes, it will involve a reduction in the total number of registered Children's Centres.</p>
2.5	<p>Is this policy or decision associated with any of the Council's other policies and how, if applicable, does the proposed policy support corporate outcomes?</p>

Section 3: Evidence/data about the user population and consultation¹

As a minimum you must consider what is known about the population likely to be affected which will support your understanding of the impact of the policy, eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information (national, regional and local data sources).

¹ Data sources within EEC. Refer to Essex Insight:
<http://www.essexinsight.org.uk/mainmenu.aspx?cookieCheck=true>
 with links to JSNA and 2011 Census.



3.1	<p>What does the information tell you about those groups identified?</p> <p>There is an annual birthrate of 16,700 babies (Essex Insight 2015) in Essex and this is predicted to rise in future years. There is widespread consensus (the Allen Report 2011) that the early years in a child's life (aged 0-5 and especially the first 22 months) have a strong impact on future health, attainment and social/emotional development.</p> <p>The factors that affect children's health generally are social disadvantage, poverty and poor access to education and other services. Socially disadvantaged groups suffer poorer physical health and lower life-expectancy than the more advantaged, have higher incidence and prevalence of acute and chronic illness, and are more likely to smoke and have a poor diet. Children from poorer backgrounds suffer higher rates of accidental injury, infections, failure to thrive, general ill health, anaemia, dental cavities and teenage pregnancy. In addition, poorer families are less likely to have access to, and make appropriate use of, health services than those from more advantaged circumstances, and they are less likely to benefit from health promotion services and advice. (National Institute for Health Research 2015)</p> <p>Children and young people under the age of 20 years make up 23.4% of the population of Essex (330,900 June 2015 with a projected rise to 345,000 2020). 13.4% of school children are from a minority ethnic group. The health and wellbeing of children in Essex is generally better than the England average. The infant mortality rate is similar to and the child mortality rate is better than the England average. The level of child poverty is better than the England average with 16.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average. Children in Essex have better than average levels of obesity: 8.1% of children aged 4-5 years and 16.7% of children aged 10-11 years are classified as obese. There were 1,135 children in care at 31 March 2014, which equates to a lower rate than the England average. (Essex Insights 2013-15)</p> <p>Early intervention and safeguarding remains core to the service offer through provision of early identification and early help. Timely intervention and support with appropriate referrals to specialist services and multi-disciplinary working.,</p> <p>Essex County Council currently commissions three providers to deliver Childrens Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contract for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools - this will be subject to a seperate Equality Impact Assessment.</p> <p>See accompanying document Appendix i for in-depth analysis of demographics.</p>
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3.2	<p>Have you consulted or involved those groups that are likely to be affected by the policy or decision you want to implement? If so, what were their views and how have their views influenced your decision?</p> <p>The 'Proposed changes to Sure Start Children's Centres in Essex' consultation survey was open from Monday 11th February until Sunday 10th April 2016.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The survey was accessed by 3,015 respondents. Approximately 2,100 completed it. <input type="checkbox"/> The majority of respondents (73.7%) were parents/expectant parents/carers; 18.6% were professionals. 'Other' respondents included for example young people, grandparents, councillors, volunteers and the general public. <input type="checkbox"/> Almost 80% of respondents are current users of Children's centres services or activities. <input type="checkbox"/> Most respondents came from Chelmsford, Basildon, Harlow and Colchester. Least respondents came from Maldon and Brentwood. Although most respondents came from Mid Essex, followed by South Essex, views have been obtained from all Essex quadrants. <p>At the end of the questionnaire, 533 individuals signed up to be added to the reference group list, interested in being further involved. The majority of these were women, aged between 20 and 39 years. They came from all over Essex.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The majority of respondents were women (89.4%), aged between 20 – 39 years (69.1%). Almost 70% were married and 31.4% were pregnant or on maternity leave. <input type="checkbox"/> They were predominantly White British (86.9%), heterosexual (90.2%) and Christian (47%) or with no religion (40.9%). 91.8% had no disability. <p>In addition to the online survey, at least one face to face consultation event was also held in the following areas Clacton on Sea, Holland on Sea, Harwich, Colchester, Braintree, South Woodham Ferrers, Chelmsford, Braintree, Maldon, Rochford, Rayleigh, Canvey Island, Thundersley, Billericay, Brentwood, Basildon, Stansted, Harlow, Woodford Green, Epping Forest,</p> <p>The results presented in this report strongly suggest that the majority of respondents disagree with the proposals for the number of Children's centres to be reduced to twelve across Essex, with one in each district. They fear they will lose access to the local support that is so highly valued by them. Several respondents specifically pointed out that the Consultation document had not provided sufficient detail regarding Family Hub Delivery Sites and Family Hub Outreach Sites necessary to be able to better understand how the proposals may impact on individuals. As such, majority of respondents were reluctant to agree with the proposals.</p> <p>See appendix ii for consultation report.</p>
3.3	<p>If you have not consulted or engaged with communities that are likely to be affected by the policy or decision, give details about when you intend to carry out consultation or provide reasons for why you feel this is not necessary:</p> <p>N/A.</p>



Section 4: Impact of policy or decision

Use this section to assess any potential impact on equality groups based on what you now know.

Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Age	Likely to be negative – 69.1% of respondents to the consultation were aged between 20 and 39, which is partly due to the age of people becoming parents. The reduction of Children Centre sites could impact negatively on some people in this age group as the location may become further away for some families. However, we plan to mitigate this by providing a variety of outreach venues in the local community.	H



Disability	<p>Likely to be neutral- due to the increased age range, and the needs of the 'whole' family being supported, including children with special education needs and/or disability (SEND). Families accessing support when they need it, where they need it leading to early identification and timely intervention and support with appropriate referrals to specialist services.</p> <p>Supporting the 'whole' family and not just children under 5 will mean children / young people will be supported by a service that will remain consistent until they reach 19.</p> <p>Essex County Council currently commissions three providers to deliver Children's Centres in Essex across four areas with a combined workforce of approximately 333 staff. The new tender and subsequent contract for the BP19 contract will affect staff employed in Children's Centres, Healthy Child programme, Family Nurse Partnership and Healthy Schools, this will be subject to a separate Equality Impact Assessment.</p> <p>The consultation did not highlight that the proposed changes would have a higher negative impact on families with disabilities. This is due to the plans to increase the number of outreach venues to deliver local services and support from. As far as is practically possible, venues to be used for local outreach delivery will be reviewed to ensure they are all accessible buildings.</p> <p>ECC will have expectations that the service providers would undertake an assessment of need, and support individual families to access the support they need taking into account any required transport arrangements. This would include ensuring that the necessary services were made available either in the family home or an easily accessible local venue</p>	H
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Gender	Likely to be negative-The consultation highlighted that women are much more likely to be involved in taking their child(ren) to the Childrens Centres as 89.4% of respondents to the consultation are women. The reduction of Children Centre sites could impact negatively on women as the location may become further away for some families, which may impact on working patterns etc. However, we plan to mitigate this by providing a variety of outreach venues in the local community.	H
Gender reassignment	Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people who have had a gender reassignment, therefore we expect no negative impact identified	L
Marriage/civil partnership	Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular marital status, therefore no negative impact identified	L
Pregnancy/maternity	Likely to be negative- The consultation highlighted concerns that new parents would be adversely affected by the proposals to reduce the number of Childrens Centres. However, we plan to mitigate this by providing a variety of outreach venues in the local community.	H
Race	Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Race; therefore we expect no negative impact identified. There may be issues around isolated BAME communities which is identified in the EqIA relating to the pre-birth to 19 health and wellbeing service.	L



Religion/belief	Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Religion/belief, therefore we expect there to be no negative impact based upon individual religion and belief.	L
Sexual orientation	Likely to be neutral-The consultation did not highlight that the proposed changes would have a higher adverse effect on people of a particular Sexual orientation, therefore we expect there to be no negative impact based upon sexual orientation	L
Cross-cutting themes		
Description of impact	Nature of impact Positive, neutral, adverse (explain why)	Extent of impact Low, medium, high (use L, M or H)
Socio-economic	<p>Services and resources will be targeted to families and in the areas identified as being the most in need, this will include areas of economic disadvantage.</p> <p>Concerns raised in parent consultations about the cost of travel to hubs for families on a low income- however services are to be planned to be delivered in the localities where they are needed and families will not be required to travel..See appendix ii for further detail.</p>	M
Environmental, eg housing, transport links/rural isolation	Concerns raised through consultation that some areas would be adversely effected by the reduction in numbers of Childrens Centres.	M



Section 5: Conclusion

		Tick Yes/No as appropriate	
5.1	Does the EqlA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?	No <input type="checkbox"/>	
		Yes <input checked="" type="checkbox"/>	If ' YES ', use the action plan at Section 6 to describe the adverse impacts and what mitigating actions you could put in place.



Section 6: Action plan to address and monitor adverse impacts

What are the potential adverse impacts?	What are the mitigating actions?	Date they will be achieved.
Pregnancy/Maternity	Services will not cease due to the reduction in Childrens Centre sites. Services will be planned to meet the requirements of the families in each area and transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites. This will be monitored as part of the contract management process	ongoing
Socio-economic	. As part of the new contract mobilisation a needs analysis will be undertaken with a focus on families that are identified as being economically disadvantaged to ensure sufficient support and access to services is available	ongoing
Environmental, eg housing, transport links/rural isolation	Services will be delivered in local venues, including family homes where needed, to enable families to access services without the need to travel. It is expected that the new contract provider will work within the wider local partnership arena and link with agencies such as district and borough councils to work to resolve any local environmental issues such as housing	ongoing



Sex/Gender	<p>We recognise that of the 89.4% of women who responded to the consultation, some will be from low income families. Services will not cease due to the reduction in Childrens Centre sites. Services will continue to be planned to meet the requirements of the families in each area with the intention to offer a local service / support offer. Where necessary transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites</p> <p>It is the intention that by freeing staff up from manning buildings at times when families are not attending they will have more capacity to undertake either more work in family homes or taking to services to other venues where families are attending such as libraries, soft play centres, etc or putting more services on at times that work better for families such as weekends / evenings – this will be different for each area and based on local needs assessment / local research we will be expecting the new provider to undertake</p>	Ongoing
Age	<p>Services will not cease due to the reduction in Childrens Centre sites. Services will be planned to meet the requirements of the families in each area and transport links and locality of delivery will be considerations in this localised planning. Staff will deliver support and services in homes and a variety of outreach venues in the local community and not solely in Family Hubs and integrated Delivery sites.</p>	Ongoing



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Section 7: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of Head of Service: Stav Yiannou

Date: 10/06/2016

Signature of person completing the EqlA: Andree Race

Date: 10/06/2016

Advice

Keep your director informed of all equality & diversity issues. We recommend that you forward a copy of every EqlA you undertake to the director responsible for the service area. Retain a copy of this EqlA for your records. If this EqlA relates to a continuing project, ensure this document is kept under review and updated, eg after a consultation has been undertaken.

