# 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

Essex County Council

## Section 1: Identifying details

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| Your function, service area and team: Commissioning Delivery Manager, OICD |
| If you are submitting this EqIA on behalf of another function, service area or team, specify the originating function, service area or team: |
| Title of policy or decision: Pre-Birth - 19 Health Wellbing and Family Support Service |
| Officer completing the EqIA: Carol Partington Tel: 03330137009 Email: carol.partington@essex.gov.uk |
| Date of completing the assessment: 17.05.2017 |

## Section 2: Policy to be analysed

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| 2.1 | Is this a new policy (or decision) or a change to an existing policy, practice or project? Yes, change to existing practice. |
| 2.2 | Describe the main aims, objectives and purpose of the policy (or decision):<br>ECC is in the process of redesigning the current service offer for Children's Centres and the Healthy Child Programme (Health Visiting, Family Nurse Partnership,School Nursing Services and Healthy Schools Programme including opportunities arising with Clinical Commissioning Groups) with the aim of commissioning a new Integrated Pre-birth - 19 Health, Well-being and Family Support model (PB-19) which will work with and for families across Essex. PB–19 will deliver strengths-based, preventative support that reduces isolation and builds resilience amongst families with children and it will place parents, children and families at the heart of the service.<br><br>The support that families experience from conception through birth and throughout childhood, will give all children the best opportunity to succeed. This period includes everything from maternity, health visiting and children's centres to school nursing, childcare and the first stage responses to additional needs like speech and language development. This involves a huge range of practitioners and services that sit across the local authority and health landscapes<br>The new system vision, developed through the Early Years Review, will enable us to commission a new integrated Pre-birth to 19 programme which will:<br>* Look first at families' strengths, especially those of parents and carers and take time to understand their needs fully.<br>* Focus on preventing problems, before they occur and offer flexible, responsive support when and where it's required.<br>* Build the resilience of parents/carers, and communities to support each other.<br>* Work together across the whole system, - aligning our resources so we can best support families and 'do what needs to be done when it needs to be done' (not necessarily what is on our job description)<br>* Base all we do on evidence of both what is needed and of what works, and be brave enough to stop things that aren't working.<br>* Be clear and consistent about the outcomes we expect, and judge what we d |

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| | against them.<br><br>This new system has the potential to make lifelong changes – including helping to prevent long term conditions such as obesity, poor mental health, social isolation and statutory intervention. It will achieve better outcomes for children whilst reducing costs to the public purse.<br><br>What outcome(s) are you hoping to achieve (ie decommissioning or commissioning a service)?<br><br>The outcomes of the new service are:<br><br>• Children and young people are safe<br>• Children are ready to start school<br>• Mothers have good emotional wellbeing in the perinatal period<br>• Children and young people make positive lifestyle choices<br>• Young people are ready for the next stage of life<br>• Children and young people have good emotional wellbeing<br>• More families are resilient enough to help themselves<br>• Parents feel connected and included<br>• Children have strong attachments to a key adult in their lives |
| 2.3 | Does or will the policy or decision affect:<br>• service users<br>• employees<br>• the wider community or groups of people, particularly where there are areas of known inequalities?<br><br>The proposals are seeking to develop a single, integrated workforce across the PB19 model. There will be workforce equality issues and resource implications that will need to considered with current employers and staff teams at all stages of the process leading up to the procurement decision. Following award of contracts the Council, West Essex CCG and other key stakeholders will work with the relevant successful provider(s) to ensure that the changes for the current workforce are clearly articulated- ensuring that workforce equality related issues are managed and communicated effectively to all concerned.<br><br>Essex County Council will work closely with the successful (providers) following completion of the procurement exercise to ensure that there is a smooth transition for existing staff and to ensure that any changes to the current workforce are clearly articulated.<br><br>There will be a reduction of universal services in order to target priority groups.<br><br>Will the policy or decision influence how organisations operate?<br>Yes |

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| 2.4 | Will the policy or decision involve substantial changes in resources?<br>Yes |
| 2.5 | 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?<br>The specific outcomes that this project will support the achievement of are as follows:<br>Outcome One – Children in Essex get the possible start in life<br>* The Percentage of Children ready for school<br>* The Percentage of children achieving a good level of development by the age of five<br>Outcome Two – People in Essex enjoy good health and wellbeing<br>* People in Essex have a healthy life expectancy<br>* Prevalence of healthy lifestyles<br>* Percentage of children achieving at school<br>* Prevalence of mental health disorders among adults and children<br>* Prevalence of teenage pregnancy |

## Section 3: Evidence/data about the user population and consultation[1]

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).

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| 3.1 | What does the information tell you about those groups identified?<br>Whilst this specification is primarily concerned with delivery of the Children in Essex get the Best Start in Life strategy it cross cuts all the outcomes. Ultimately it will contribute to enabling every child and young person growing up in Essex to have the opportunity to be emotionally and physically healthy, be ready to learn and achieve at school, and be supported by their families and carers in safe, resilient and economically strong households and communities.<br><br>The vast majority of children and young people in Essex are already physically and emotionally healthy, do well at school, and live in safe supportive environments. However, for a few, this is not the case and there is a gap between those who grow up well and live well and some who do not. This specification is concerned with narrowing that gap and aims to do so by transforming the way in which we ensure those who need some extra help are supported.<br><br>Essex is a diverse county with a population of 1,393,000, approximately 296,683 (21.1%) being under the age of 18. Whilst a relatively affluent county, there are pockets of high deprivation particularly in the south and north of the County and approximately 14.7% of children are living in poverty. Children and Young People from minority ethnic groups account for 8.5% of all Children and Young People living in the area, compared with 21.5% in the country as a whole. The proportion of children and young people with English as an additional language in primary schools is 5.7% (the national average is 18.1%) and in secondary schools is 4.1% (the national average is 13.6%).<br><br>Essex was in the top 21% least deprived local government areas in the 2010 Indices of Multiple Deprivation. However, this figure masks wide inequalities. At district level, Harlow and Tendring are amongst the worst 21% and 25% areas nationally. At local level, differences are even starker. Basildon and Tendring contain two-thirds of Essex's most deprived areas. Most other districts have got noticeable pockets with serious levels of deprivation as well: all districts have small (LSOA) areas ranking within the 20% most deprived nationally, except Brentwood, Uttlesford and Maldon. In the Groups at Risk of Disadvantage JSNA, it is established that Black African and Black Caribbean communities are more likely to live in areas of deprivation. However, this varies between districts, with Tendring having a disproportionate British White population but has high levels of deprivation.<br><br>The health of children in Essex is generally better than or similar to the England average. The factors that affect children's health generally are social disadvantage, poverty and poor access to education and other services. Socially disadvantaged |

[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.

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| | 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.<br><br>Wherever possible all children's and families' needs will be met by universal services, peer support and the growth of social networks. Whilst the delivery of this specification does not exclude any child, young person or parent/carer from support there are particular priority groups that will be targeted and those are;<br>• Children in Need, children on child protection plans<br>CIC numbers as of Jan 2016 991, overall rate 34 per 10,000 (2015)<br>• Looked after children / care leavers<br>90 children are currently looked after in placements in the county. 39 of those have a foster carer<br>• Unaccompanied asylum seekers<br>2.4% of all children in care under 16 are UASC (Unaccompanied asylum seeker children (17 children). •26% of children in care over 16 are UASC (76 children). •1 in 4 children in care over 16 are UASC<br>• Children with a Statement of Special Educational Needs and/or disabilities<br>10.8% of pupils in Essex have SEN support in schools. 70% of pupils who do not have SEN have Good Level of Development<br>There are currently 819 children with disabilities in Essex (at current date- April 16). 133 of the 819 children have a SEN statement (16%). This is disproportionately large compared to the population of Essex, where 10.8% of pupils have a SEN statement.<br>• Teenage mothers and fathers<br>The rate of conceptions for females in Essex aged 15-17 yrs old is 21 in every 1,000 young women. 6 young people currently in care aged 16-17 are recorded as parents, one boy and five girls. In one case the child has been taken into care.<br>18.6% of teenage mothers in Essex are NEET this is disproportionate.<br>7.67% of children born to a teenage mother have a low birth weight. This is disproportionately higher than the overall population where 6.5% of babies are born with a low birth weight.<br>• Young people who are NEET (not in education, employment or training)<br>4.6% of 16-18 yr olds in Essex are NEET. 7% of care leavers 17-20 are NEET due to pregnancy or parenthood. 4 children 16+ in care are also NEET for this reason.<br>18.6% of teenage mothers are NEET. This is disproportionately higher than the 4.6% of 16-18 yr olds in Essex who are NEET. Therefore teenage parents are disproportionately more likely to be NEET compared to the overall young population.<br>• Young people involved in the youth justice system<br>464 young people in every 100,000 are first time entrants into the youth justice system. There is a 30% re-offending rate and 3.8%, or 27 children aged 17-21 open to leaving care teams are in custody.<br>• Children, young people and parent/carers with caring responsibilities<br>1.05% of children under 15 are carers in Essex.•4.4% of young people aged 16-24 are carers in Essex. |

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| | • Parents and couples with mental health needs<br>An accurate and robust baseline for this priority group is not possible at present.<br>• Low income families<br>12% of primary pupils in Essex are in receipt of FSM This is higher than the Statistical neighbour average of 11.7% but lower than England's average of 15%•9.3% of secondary pupils in Essex are in receipt of FSM. This is slightly higher than the Statistical Neighbours with 3.17% but lower than the England average of 13.9%. •43,500 pupils receive pupil premium. This is significantly higher than statistical neighbours who receive 17,600.<br>• Children in workless households / in homes with long-term receipt of benefits<br>3.4% of households in Essex have dependent children where no adult is in employment.•16% of children in Essex live in a low-income family.<br>• Children who are homeless or living in temporary accommodation<br>There are 1.9 homeless families in every 1,000 households in Essex.•632 young people are over 16 are open to the Leaving and After Care teams<br>• Children and young people not in mainstream pre/primary/secondary education<br>0.03% of the school population in Essex have been permanently excluded. Those on fixed term exclusions are significantly higher with 3.10% in Essex.<br>• Children living in substandard accommodation<br>78% of care leavers are in suitable accommodation<br>• Children in neighbourhoods with high levels of deprivation as measured by the Index of Multiple Deprivation<br>Essex was in the top 21% least deprived local government areas in the 2010 Indices of Multiple Deprivation. However, this figure masks wide inequalities. At district level, Harlow and Tendring are amongst the worst 21% and 25% areas nationally. At local level, differences are even starker. Basildon and Tendring contain two-thirds of Essex's most deprived areas.<br>• Children living in poor quality housing<br>Currently no data available<br>• Children who have experienced domestic violence<br>19.8 in every 1,000 residents in Essex experience domestic abuse. However data is not currently broken down to number of children experiencing this.<br><br>There are specific cohorts of children, young people and families whose personal, social and economic circumstances result in reduced protective factors and putting them at higher risk to poor outcomes. These inequalities are not concentrated at the bottom of the socioeconomic spectrum in a specific group of poor or problematic families. We want to ensure that the gap is closed for those children and young people who are in high risk groups so they are able to enjoy the social, health and education opportunities afforded by their peers. We will ensure that interventions enable achievement of better outcomes for groups who do not currently engage with services. Outreach is critical and engagement is vital particularly for families who don't normally engage. The aim of the service is to reach children, young people and families in a way that is most appropriate to meet their needs and across a range of settings.<br>We therefore are commissioning a service that reflects this; a service grounded in proportionate universalism – where more goes to those who need it based on good understanding of the links between a broad range of socio-economic factors and outcomes. To reduce health inequalities our actions should focus on reducing the |

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| | social gradient in outcomes. Proportionate universalism originates in the health context and is now being applied across our work for children and their families from. It advocates allocating resources in proportion to need, i.e. across the social gradient the intensity of investment should increase with need. |

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| 3.2 | 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?<br>In Autumn 2014 ECC undertook an ambitious review of Early Years services across the county, with a main focus on the pre-birth - 5 age range. The review purposefully took an innovative approach, bringing together a range of different data including ethnographic insights from families, family experiences, international horizon scanning, and intelligence about the local Essex context to generate a Case for Change and identify potentially alternative solutions for delivery of services to these families. Families told ECC about their experiences and the challenges they have faced in navigating a complex, disconnected Early Years system. It became clear that the support families receive is fragmented and delivered across many providers which increases the risk that children and families may fall through the net and that services are not identifying needs and targeting resources as fully as they could if services were more integrated and collaborative.<br><br>During the period October – November 2015 ECC engaged with elected members through briefing reports and meetings and with families, young people and stakeholders through a range of surveys and face to face sessions including focus groups, interviews, social media, posters and postcards. The purpose of these engagament activities were to validate the findings of the 2014 Early Years review and to get feedback on the current service offer from pre-birth to 19 years.<br>We had the following responses:<br>– 742 parents/carers gave their views via the online survey<br>– 130 stakeholders gave their views via the online survey<br>– 306 children and young people gave their views<br><br>The key findings resulting from the engagement were;<br>• Children's Centres are vital and families said that they would benefit from centres being open for longer hours<br>• Services can be unavailable or not open when needed and have long waiting lists<br>• Services can vary depending on where you live with differing provision across quadrants<br>• Friends and Family are an important source of information, advice and support<br>• Stakeholders told us that they lack the information they need for signposting with all groups suggesting that more information should be available on line<br><br>(to view the final Engagement Analysis report and presentation see Appendix A?)<br><br>Between 15th February and 10 April 2016, ECC undertook a public consultation seeking the views of familes and stakeholders about proposed changes to the current children's centre buildings. There is a statutory requirement in section 5D of the Childcare Act 2006 which requires local authorities to consult in relation to Children’s Centres where there are significant changes proposed. There is no statutory duty to consult on either changes made to activities of the 0-5 HCP or 5-19 HCP or services encompassing Healthy Schools Programme, and Family Nurse Partnership. This statutory consultation therefore focussed purely on proposals for the future Children's Centres property delivery model. We wanted to hear from |

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| | families, parents/carers and stakeholders about their views on our proposals to make children's centres buildings in Essex more flexible and to make them an important part of support that is available to all families with children from before they are born right up to the age of 19.<br>We collected views via an online surey and through face-to-face meetings and events across the county with families, stakeholders and Members<br>(to view the full schedule of consultation events see Appendix A attached)<br><br>All consultation responses are currently being analysed and will be reported to commissioners in mid-May. The Children's Centre consultation forms part of our consideration in developing services for pre-birth to 19 year olds and will be included in our planning before making our recommendations to cabinet.<br><br>As part of the Children's Centre consultation, we took the opportunity to ask familes if they would be interested in working with us further to help develop the service model. We received in excess of 500 expressions of interest and are currently organising quadrant reference workshops to drive this next stage of planning forward. We also intend to recruit some of these parent/carer volunteers to help us with the tender evaluation stage of the new service procurement later this year. |
| 3.3 | 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:<br>N/A |

## 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**<br>Positive, neutral, adverse<br>(explain why) | **Extent of impact**<br>Low, medium, high<br>(use L, M or H) |
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| Age | Neutral<br>The service will cater for 0-19 year olds. This service will enable providers to utilise professional pathways to ensure effective join up of sevices for all children, young people and families. While the proportional universalism approach will mean some children and young people will receive more services and support than others, it will be more targeted those who are most isolated or have greater health and wellbeing inequalities. This will therefore help the council pay due regard to the Public Sector Equality Duty. | L |
| Disability | Positive<br>Early help and the signposting of specialist services for children 0-19 (-25 for SEND) with a disability is part of the core offer. The service will encourage early identification of disabilities and timely provision of specialist support. It will also encourage joint working with key partners. The service will offer reasonable adjustments for disabled service users. | M |
| Gender | Neutral<br>This service supports the building of family and community capacity. Some girls and women will receive additional support through the services for teenage pregnancy (see pregnancy/maternity characteristic). | L |

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| Gender reassignment | Neutral<br>We do not invisage there being a significant impact on this group. However, there may be individual service users who are questioning their gender identify, and so the health and wellbeing services on offer will need to ensure that they are aware and deal with them appropriately in order to prevent discrimination. | L |
| Marriage/civil partnership | Neutral | L |
| Pregnancy/maternity | Positive<br>There is an abundance of evidence relating to health visitors' impact on children and families. Reviews will provide the platform to help maximise this role, improving health outcomes for pregnant mothers, babies and families as a whole, therefore advancing the equality of opportunity, and eliminating discrimination between those from the pregnancy and maternity protected characterisitc group and others (1001 Critical days report) | L |

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| Race | Neutral<br>The provider will be expected to adapt services so that a universal offer is available to all parts of the community they serve with an understanding of cultural attitudes to family health and wellbeing. The ethnic groups which will benefit the most from the universal proportionalism approach will vary between district. For example, Harlow has high levels of deprivation and has a disproportionately high Black African and Black Caribbean populations, while Tendring also has high deprivation levels, but has a higher British White population.<br><br>The consultation identified that BME groups are likely to be more isolated in accessing services and so measures should/are being introduced to engage with these families. The specification makes clear that the provider will need to take account of the finding of the Early Years Review, and the Joint Strategic Needs Assessment data related to children and families. We will be asking the provider how they have evidenced reducing isolation in groups most at risk. The particular target suggested in the KPIs at the start of the contract may change in response to caseload information from the providers which can and should further sensitise specific groups found to be at risk of achieving outcomes. | L |
| Religion/belief | Neutral<br>Providers will be expected to deliver services in a range of settings and to groups in the community regardless, but sensitive to, faith | L |

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| Sexual orientation | Neutral<br>Providers will offer services to all families including those of same sex, lesbian, gay and bisexual. Services will be delivered that are sensitive, non judgemental and supportive of the diverse range of individuals and families. It will also understand and identify the specific health needs of LGBT young people | L |
| **Cross-cutting themes** | | |
| **Description of impact** | **Nature of impact**<br>Positive, neutral, adverse (explain why) | **Extent of impact**<br>Low, medium, high<br>(use L, M or H) |
| Socio-economic | Positive<br>This service is based on proportionate universalism – where more goes to those who need it based on good understanding of the links between a broad range of socio-economic factors and outcomes. To reduce health inequalities our actions will focus on reducing the social gradient in outcomes. Proportionate universalism originates in the health context and is now being applied across our work for children and their families. It advocates allocating resources in proportion to need, i.e. across the social gradient the intensity of investment should increase with need. | L |

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| Environmental, eg housing, transport links/rural isolation | **14.6 The aim of the service is to reach children,young people and families regardless of the setting in which they find themselves and will vary depending on the specific service being received. The service will be predominately delivered in a way that is most appropriate to meet local needs and across a range of settings in order to reach those families previously regarded 'hard to reach'.** Rural communities were identified as 'hard to reach in the consultation process and measures will be introduced to tackle this. The specification makes clear that the provider will need to take account of the finding of the Early Years Review, and the Joint Strategic Needs Assessment data related to children and families. We will be asking the provider how they have evidenced reducing isolation in groups most at risk. The particular target suggested in the KPIs at the start of the contract may change in response to caseload information from the providers which can and should further sensitise specific groups found to be at risk of achieving outcomes. | **L** |

## Section 5: Conclusion

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| 5.1 | Does the EqIA in Section 4 indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups? | No ☒ | |
| | | Yes ☐ | 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. |
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## Section 7: Sign off

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

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| Signature of Head of Service: Stav Yiannou | Date: 07.06.16 |
| Signature of person completing the EqIA: Carol Partington | Date:20.05.16 |

## Advice

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